

Using Motivational Interviewing to Improve Self-Care Among Individuals with MS

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Disclosures

- Aaron Turner, PhD

Funding:

Department of Veterans Affairs Research and
Development

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Learning Objectives

- Identify the potential role of individual counseling and motivational interviewing in MS disease management
- Understand the role of individual readiness to change in the process of making health behavior change
- Review data supporting motivational interviewing
- Gain practical exposure to motivational interviewing practices

Obtaining CME Credit

- If you would like to receive CME credit for this activity, please visit:

<http://www.pesgce.com/PVAsummit2011/>

- This information can also be found in the Summit 2011 Program on page 8.

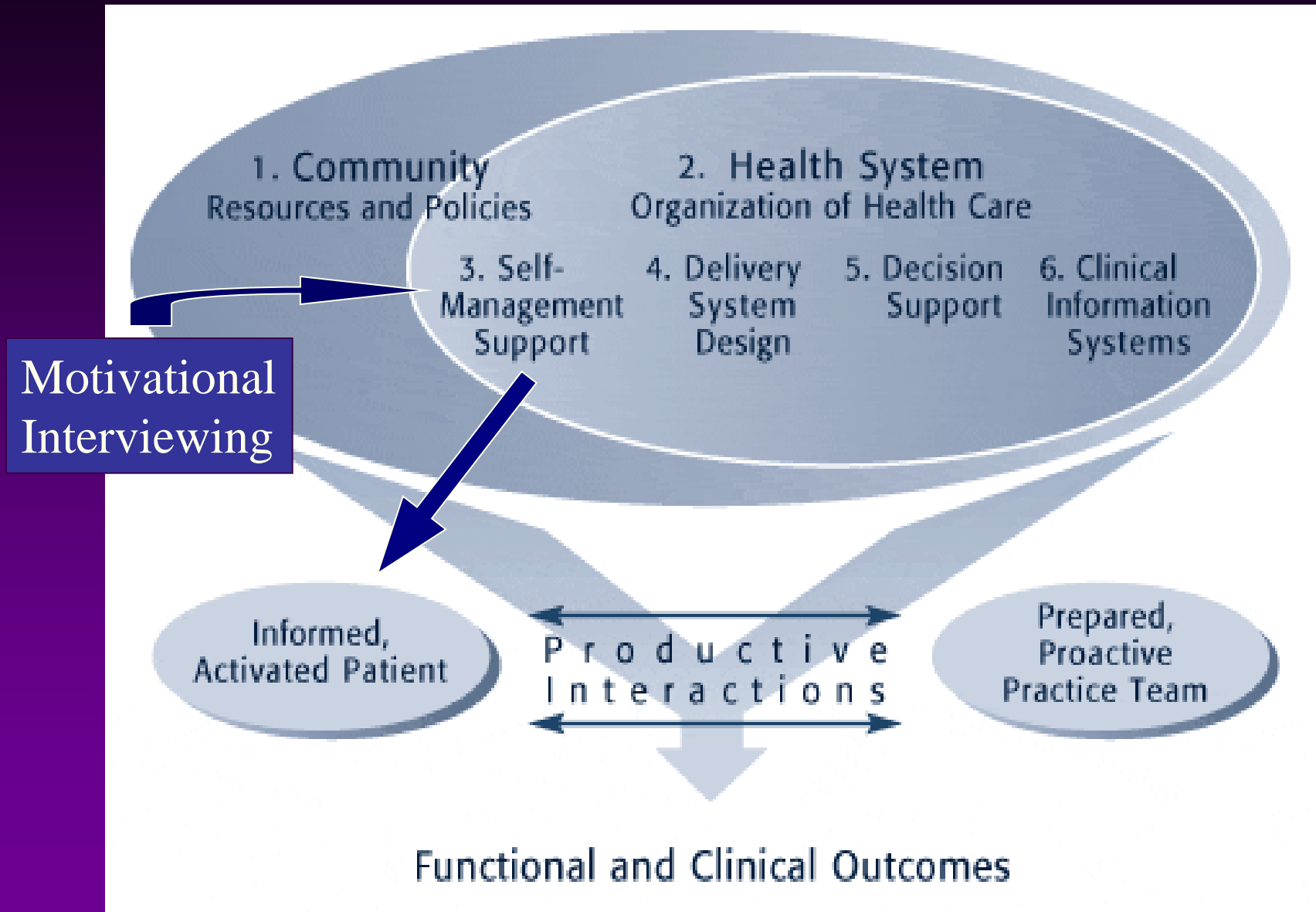
Thank you PVA

Orlando at last...



Chronic Care Model

Wagner, 1998



Brief Exposure to Motivational Interviewing

- This is a first introduction to MI
- Reasons to consider MI
- Stages of Change/Readiness to change
- Empirical and theoretical basis for MI
- Model motivational interviewing strategies
- Practice selected motivational interviewing strategies

Ground Rules and Expectations

- There's no magic bullet
- I am not here to change your overall style or approach to patient care
- Some strategies may fit your style, others may not
- Take what you can use and leave the rest



Helpful Responses Questionnaire

What is the next thing you might say in response to each situation; just a phrase or short sentence.

1. *Newly diagnosed person with MS. “I’m not sure I really need to start a DMT.”*
2. *Person with MS during a clinic visit. “I can’t tell you how many times somebody has told me to stop smoking.”*
3. *Person with significant MS-related fatigue. “I’m not sure what I should do to manage this fatigue.”*
4. *Person thinking about exercising. “I know I should exercise, but I’m just too busy.”*
5. *Person with recurrent depression and MS. “Yeah, I felt better on Celexa, but I guess I just stopped taking it.”*

Contrasting Therapeutic Styles

Traditional Fixer Style

- Goal-oriented
- Expert role
- Focus on action
- Direct persuasion
- Give reasons to change
- Give warnings
- Clinician talks more
- *Clinician talks patient into changing*

MI Style

- Patient-oriented
- Collaborative
- Focus on motivation
- Explore ambivalence
- Elicit reasons to change
- Elicit concerns
- Clinician listens more
- *Client talks him/herself into changing*

Persuasion Exercise

- Pair up with a person next to you
- Think about a health behavior that you have thought about changing that you feel comfortable talking about
- One person is the HCP; one is the patient
- The patient tells the HCP about the health behavior they have thought about changing
- The HCP adopts a traditional “fixer” role: give them reasons to change, give advice about how to change, warn them about what will happen if they don’t change and generally try to persuade the person to make this change now.
- You have two minutes...Go!

Persuasion Exercise: Debrief

- What was it like playing the HCP?
- What did you observe regarding willingness or resistance to change?
- What was it like being the patient?
- At the beginning, how much, if at all did you want to change?
- What aspects of the interaction made you more or less motivated to change?
- Anyone experience the “righting reflex”?

What is Motivational Interviewing?

Motivational interviewing is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence

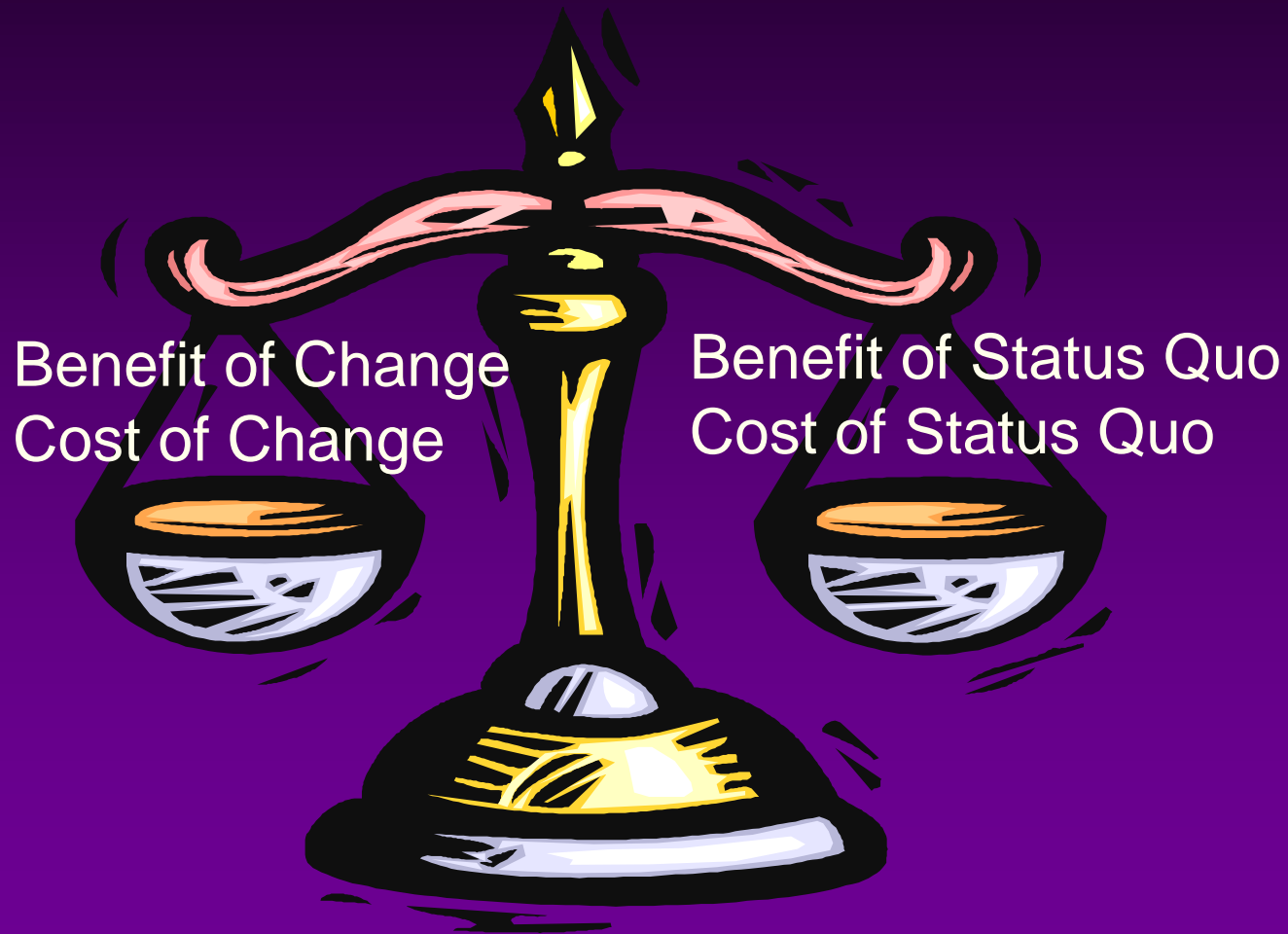
www.motivationalinterview.org

WHY BOTHER LEARNING MOTIVATIONAL INTERVIEWING?

Because people are not always ready to change...

- Precontemplation-not considering change; reluctant, resigned, resistant, unaware
- Contemplation-normal ambivalence about change, both pros and cons of change are present within the person
- Determination-getting ready to change
- Action-overt change begins
- Maintenance-sustaining change for >6 months
- Relapse-normal resumption of pre-change behavior (5-8 relapses are common)

Decisional Balance



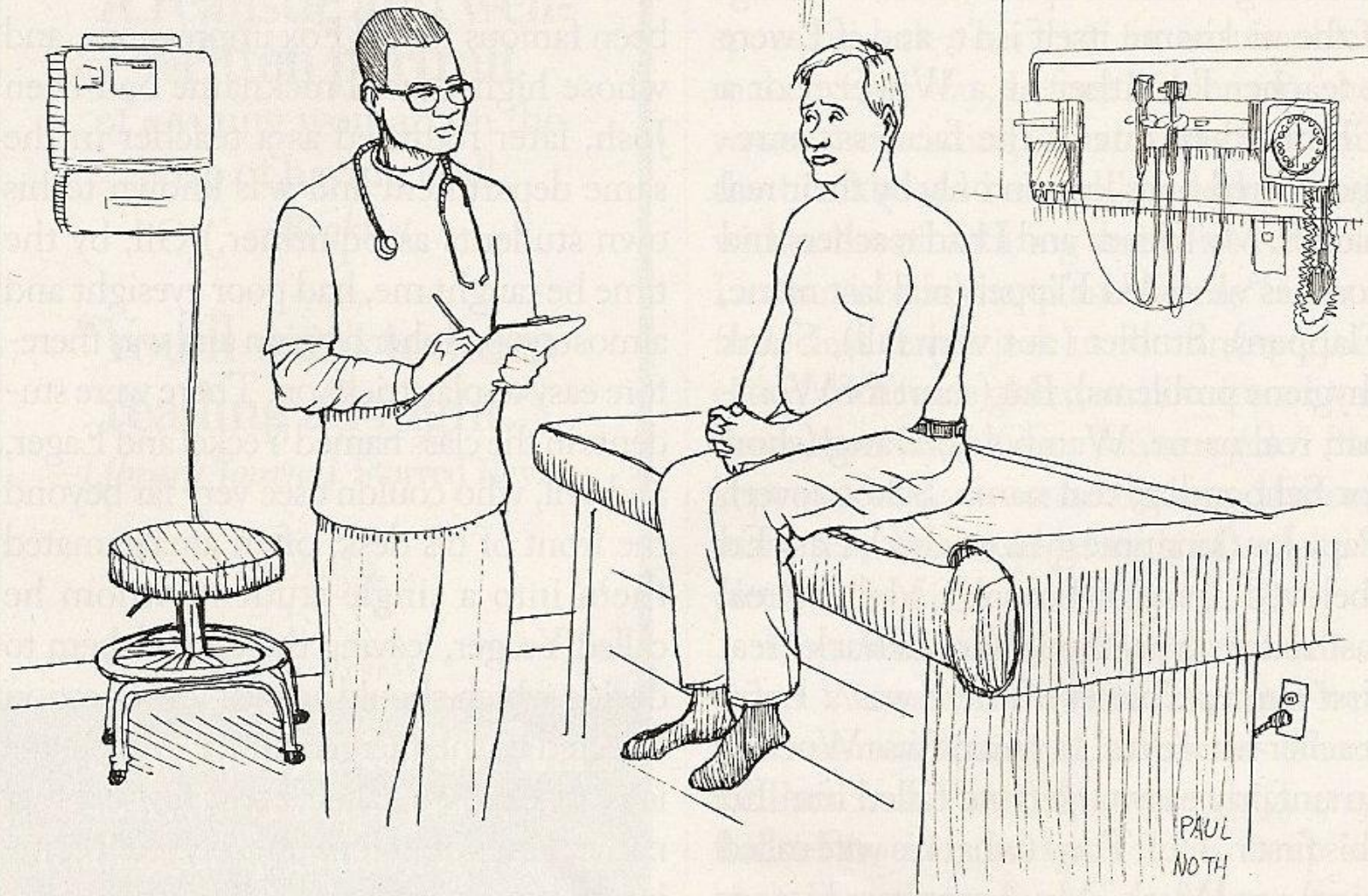
Indications of Stage of Change

Stage of Change

- Precontemplation
 - Red Light
- Contemplation
 - Yellow Light
- Determination/Action
 - Green Light

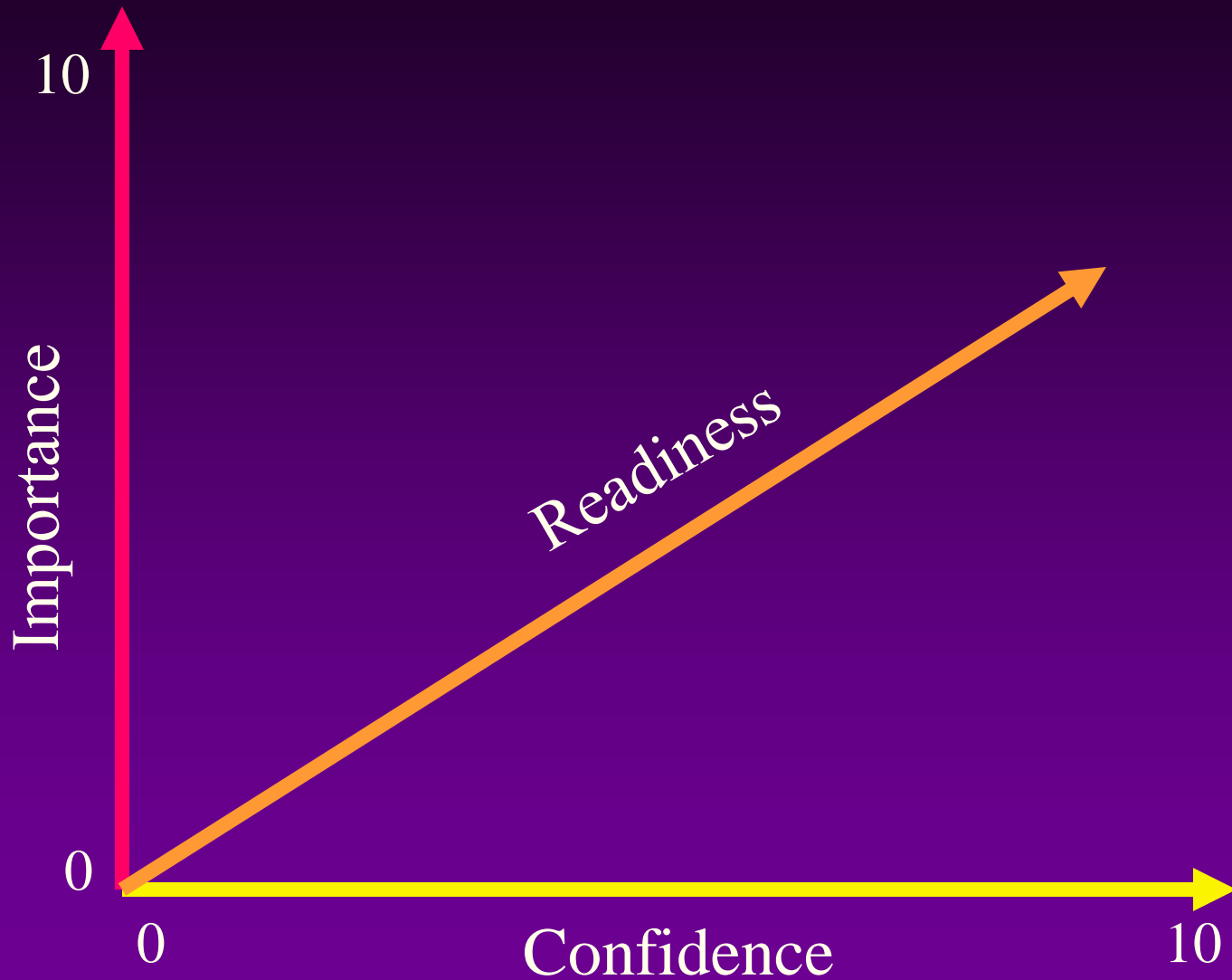
Behavior

- Disagree
- Deny
- Minimize
- Disengage
- Ambivalence
- Yes.....but
- Half hearted
- Giving in
- Tell me what to do
- I'm going to make a change
- I know I can do this



"Will I still be able to not exercise?"

Importance and Confidence



Listening for Stage of Change

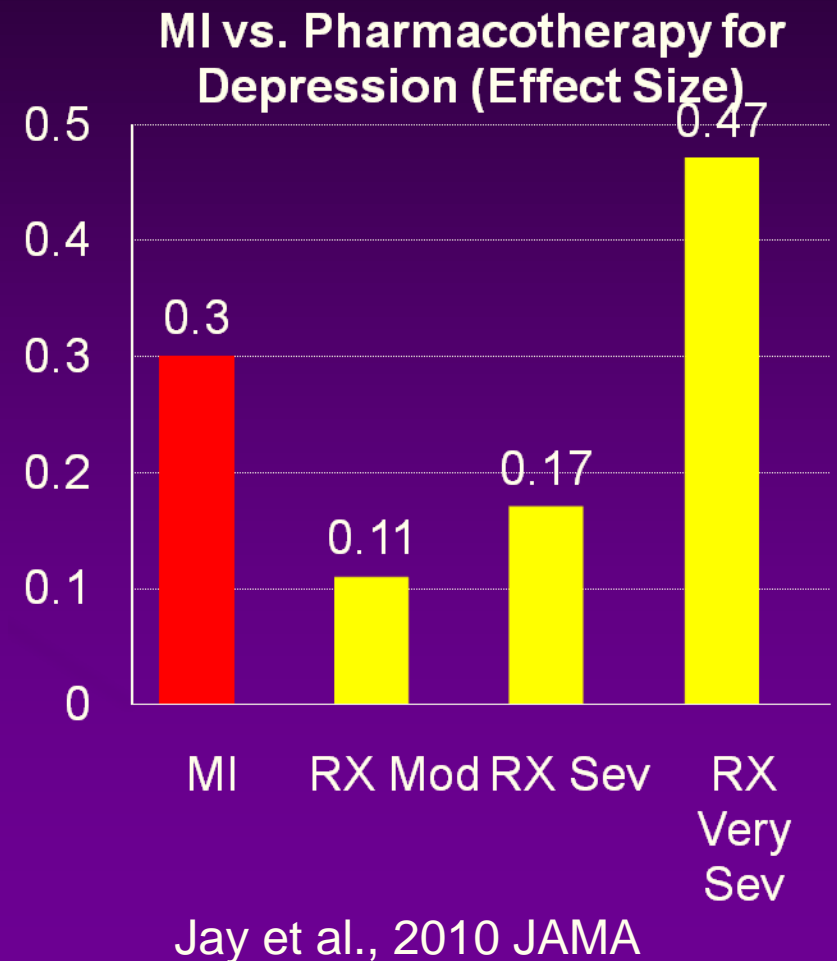
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The Science of Increasing Readiness to Change

MI Effectiveness: The evidence

- MI: 6 Meta-analyses
- 119+ Studies
- Effect Size = .27-.40
- ~10-20% improvement
- Targets:
 - Alcohol,
 - other drug use
 - smoking
 - treatment adherence
 - gambling,
 - diet and exercise
- Lundahl et al., 2009 J Clin Psych



Trying Out Selected Motivational Interviewing Strategies

Key Strategies: OARS

- 1. Ask Open-ended questions
- 2. Provide Affirmation
- 3. Reflective Listening
- 4. Summarize

- Goal: Elicit Self-motivational Statements: Pay dirt
 - recognition- “I never thought about what a problem this is”
 - concern- “I’m really worried about this”
 - intention- “I need to do something about this”
 - optimism- “I think I can do this”

Open Questions

- Open questions are ones that cannot be answered with a “yes’ or “no”
- Open questions gets the client talking, hopefully about change
- Using open questions you can demonstrate empathy and acceptance, elicit “change talk”, develop discrepancy, etc.

Practice Open-ended Questions

- Look at practice sheet (next slide)
- Try to come up with more than one open ended question that would help get the conversation going in a positive direction.
- Initial goals might be to communicate:
 - Acceptance
 - Non-judgmental attitude
 - Not going to control them
 - Elicit important values and goals

Practice open ended questions

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Reflective Listening

- Demonstrates your understanding
- Demonstrates empathy, acceptance
- Mirrors back to the person elements of what they are saying that they may not be aware of
- Facilitates their self-understanding, insight
- Decreases resistance

Tips on Reflective Listening

- Guess at what they mean.
- Make a statement not a question. With questions inflection goes *up* at the end. With statements, inflection stays *down* at the end.
 - “So, you think...”
 - “Your are wondering if...”
 - “It sounds like ...”
- Repeat an element (short summary)
- Paraphrase with synonyms
- Reflect a feeling

Practice reflections

1. *Newly diagnosed person with MS. “I’m not sure I really need to start a DMT.”*
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Affirming

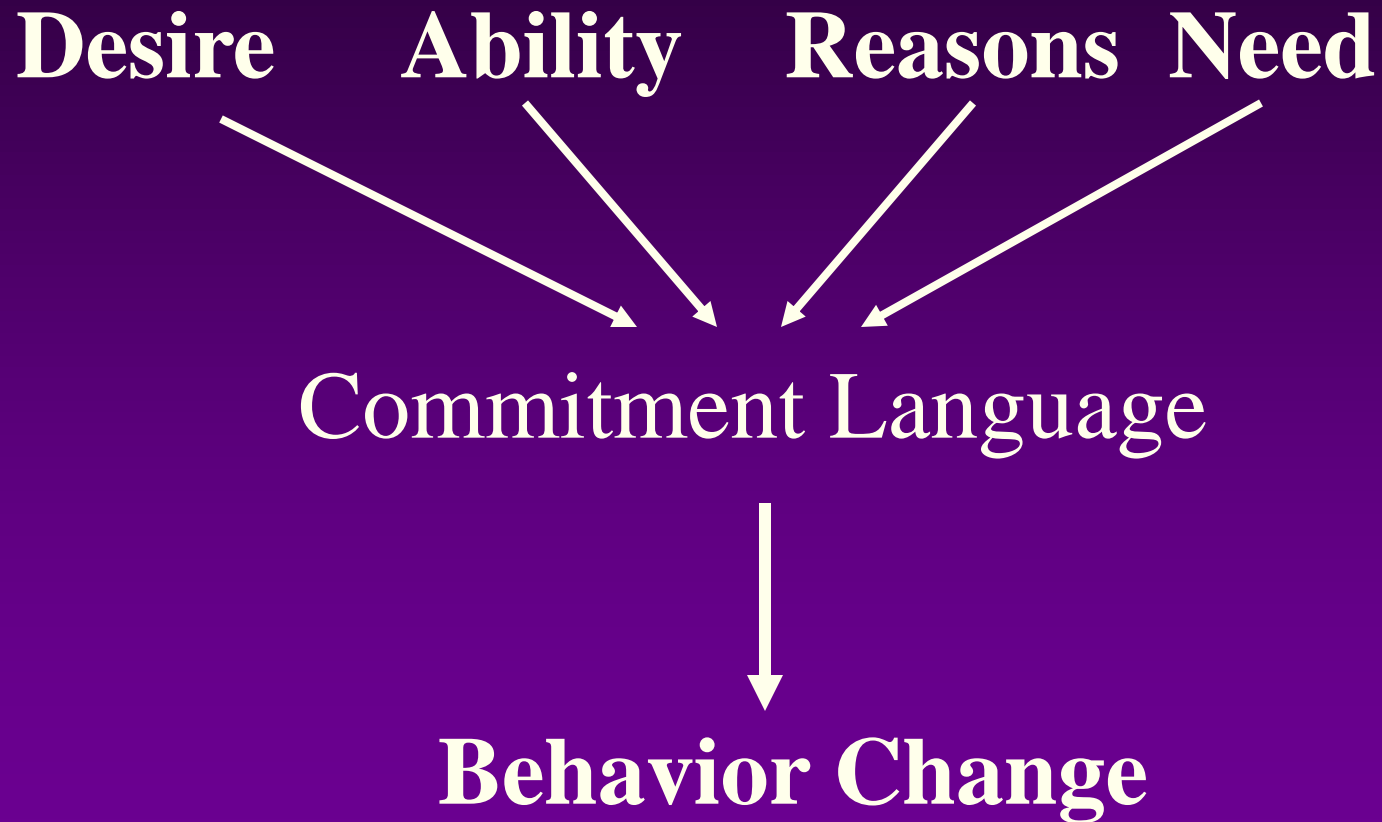
- “Prize”, value, notice, appreciate, support aspects of the person’s character or experience
- Different than praising, agreeing, judging
 - I think you are doing a great job!
 - You are working hard to get your life back
- Self-affirmations reduce defensiveness to feedback and treatment*
- Use in moderation; springs from your experience of the person; must be genuine

*Harris et al., Health Psychol. 2007 Jul;26(4):437-46.

Summarize

- Collecting summary-reinforces (elements of) what has been said, lets them know you are following
 - Reflect, reflect, what else? Summarize
- Linking summary-ties together what the person has just said with earlier material, usually to help them reflect upon ambivalence
 - On one hand you feel x, y, z *and* on the other hand you also feel a, b, c.
- Transitional summary-wrap up the end of a session or move on to another topic

Two Step Process of Change



Amrhein, Miller, Yahane JCCP, 2003

Eliciting Change Talk

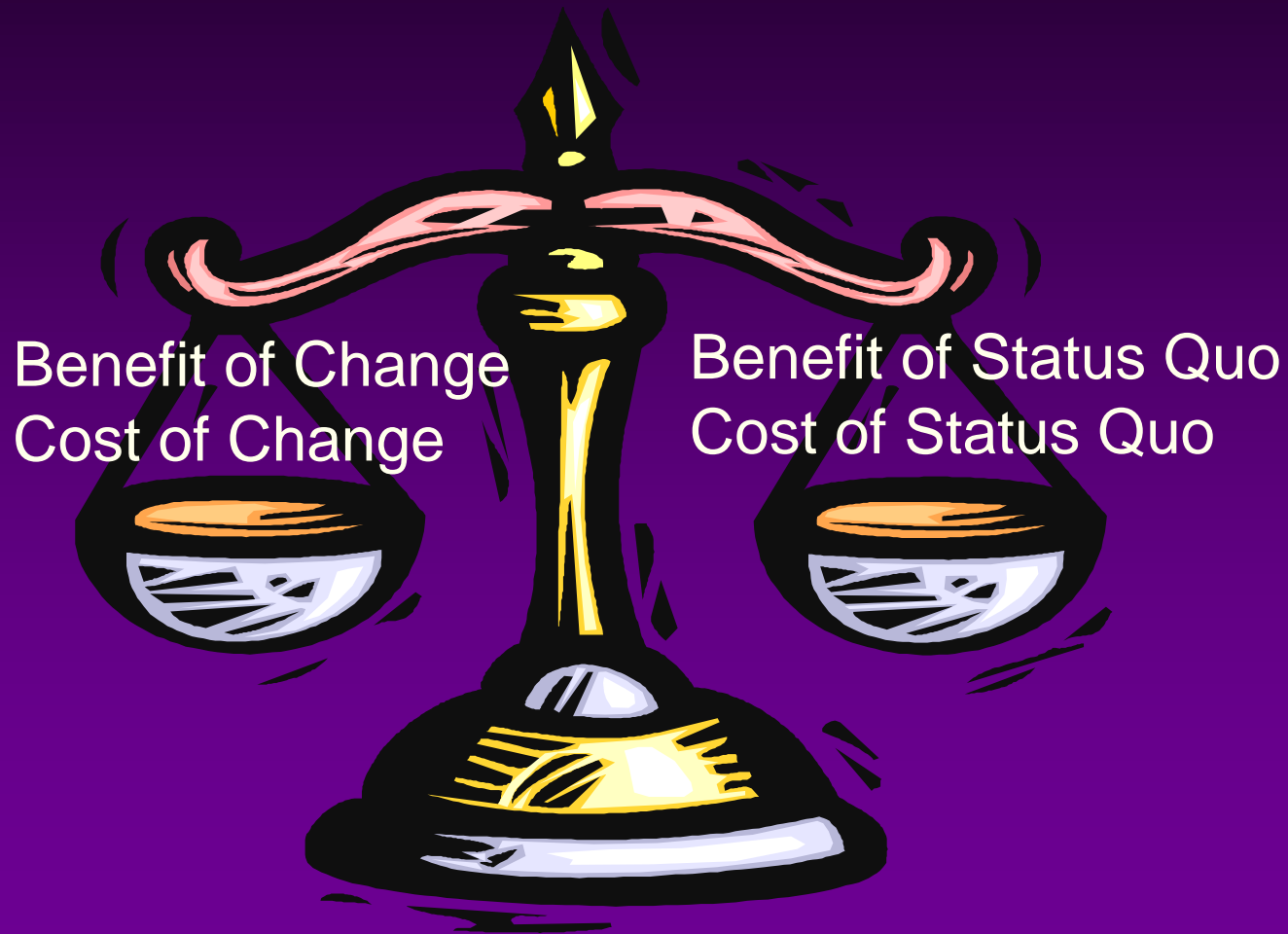
- Disadvantages of the status quo-What concerns do you have about not exercising?
- Advantages of change-How do you think exercising might help people?
- Optimism about change-What makes you think you could exercise if you wanted to?
- Intention to change-What exercises would you be willing to try?

Giving Advice: Elicit-Provide-Elicit

- Elicit what they already know and think
- Provide information
 - Ask for permission to give information
 - Use neutral, non-personal language
 - “What other people in your situation have done ...”
 - Be a little reluctant “You’re the expert about your life, but if you want I’ll offer some ideas.”
 - Offer at least two potential options
- Elicit their reaction “Now I wonder what you make of all this?”

Strategic MI Tools

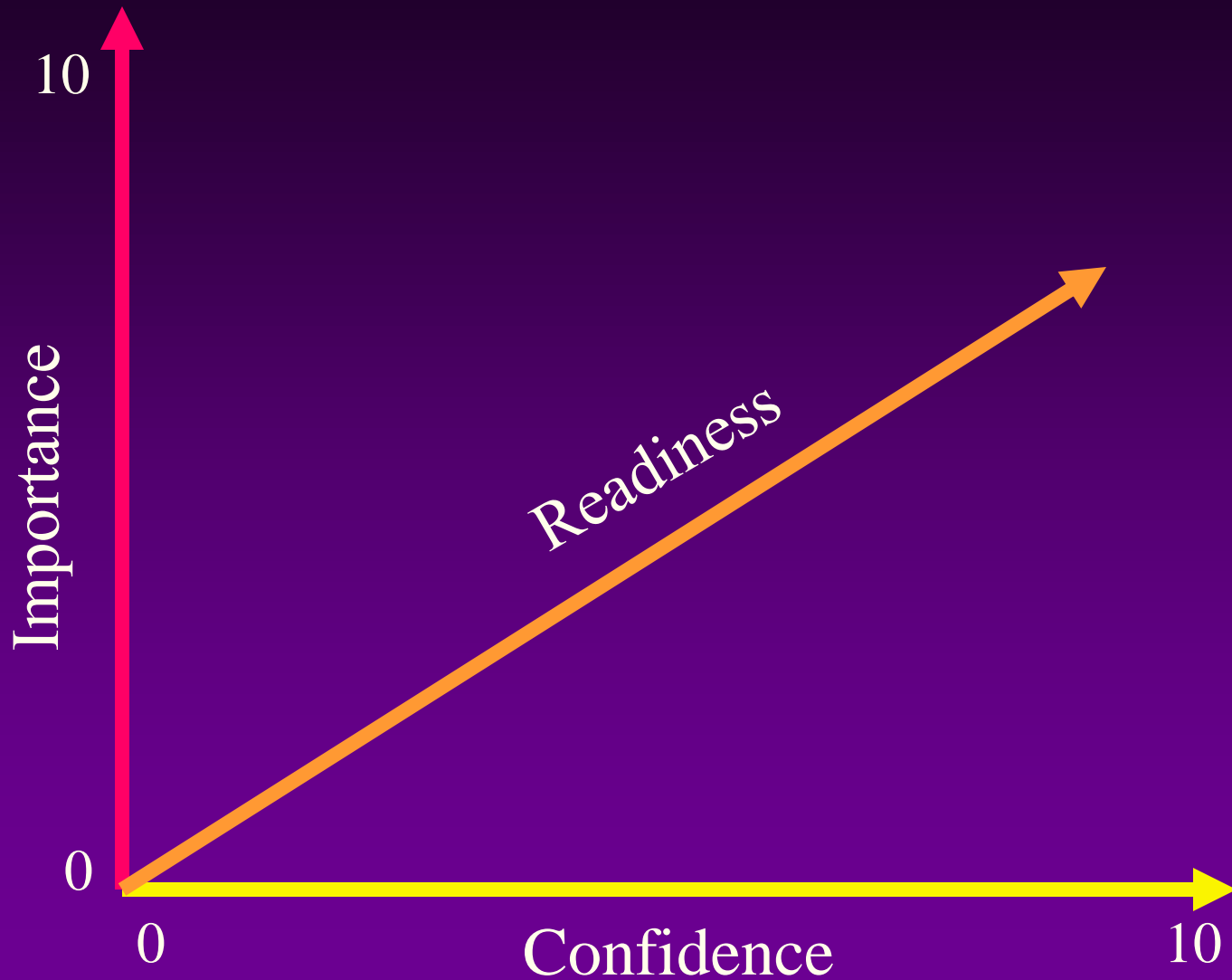
Decisional Balance



Good things, less good things

- Ask about the good things about the “bad” behavior first
 - Why?
 - Reflect, reflect, summarize
- Ask about the not so good things about the “bad” behavior
 - Reflect, reflect, summarize
- Summarize both sides
- Ask key question: Where does this leave you now

Importance and Confidence



Brief MI: Importance

- How important is it right now for you to ...? On a scale from 0 to 10 what number would you give yourself?
- Why are you at X and not at 1?
- What would need to happen for you to get from X to (slightly higher number)?

Rollnick, 1999

Brief MI: Confidence

- *If you decided to change*, how confident are you that you would succeed? On a scale from 0 to 10 what number would you give yourself?
- Why are you at X and not at 1?
- What would need to happen for you to get from X to (slightly higher number)?

Rollnick, 1999

A Question to yourself

- What, if anything, do I want to do to begin integrating motivational interviewing tools into how I interact with patients? Will I...
 - Listen for client readiness, resistance
 - Notice what happens when I give unsolicited advice
 - Try asking more open ended questions and notice what happens
 - Try listening and reflecting more and see what happens
 - Sign up for a two-day course on MI

For more information...

- www.motivationalinterview.org
- Miller W. & Rollnick, S. (1991, 2002)
Motivational Interviewing: Preparing People for Change. Guilford Press: New York.
- Rollnick, S., Miller, W. & Butler, C. (2008).
Motivational Interviewing In Health Care.
Guilford Press: New York.
- Questions? Aaron.Turner@va.gov

Facilitating Choice: Menu of Options

“When we work with people on managing fatigue we can help in a number of areas. Which strategy seems like it would be most helpful for you?” Or is there something else that you think we should work on that is not listed here?

Strength training

Energy
conservation

Medications

Aerobic
conditioning

Prioritization
And
Delegation

Something
else?

Rolling with resistance

Six strategies:

1. Simple reflection
2. Amplified reflection
3. Double-sided reflection
4. Shifting focus
5. Emphasize personal control.
6. Reframing
7. Giving choices

Ways to Roll With Resistance

“I don’t think exercising is the answer to my weight problem.”

- Simple reflection: “You don’t think exercising is all that useful.”
- Amplified reflection: “You think exercising is a waste of time.”
- Double-sided reflection: “Your doctors are worried that your weakness and deconditioning contribute to your weight being up, yet you are convinced exercising really will not help.”

Ways to Roll With Resistance

“I don’t think exercising is the answer to my weight problem.”

Shifting focus:

“I’m not sure what is the most important thing you can do to reduce your weight. Exercising may not have the biggest payoff.”

Emphasize personal control:

“You may be right. You may decide it is more important to change something else. That decision is up to you.”

Reframing

“I can see how, after all the hassles you have had over trying to exercise, you may just want to ignore that part of your health.”

Practice Rolling With Resistance

1. *“I don’t think these exercises are going to help me.”*
2. *“I’m only here because my daughter (or doctor) wants me to.”*
3. *“I don’t have time to exercise at home.”*
4. *“How can I exercise? I am [obese, in a w/c, too old].”*
5. *“I’m afraid I’ll get hurt if I do those exercises.”*
6. *“I have already tried that kind of exercise and it did not work.”*

Process of MI

Open-ended questions-Elicit change talk:

- Desire, Ability, Reasons, Need
- Good things, not so good things...
- Decisional balance exercise
- Importance-Confidence exercise
- Values/Discrepancy



Key Question



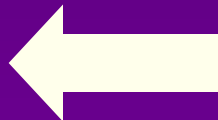
Negotiate
Change Plan



Summaries



Reflections and
Affirmations



Empathy, Autonomy, Collaboration, Self-Efficacy

Clinical Case: Improving Adherence to DMT Using Motivational Interviewing

- Brief Telephone Based Intervention
- Session 1: Initial telephone based MI Session
 - Focus: increasing motivation for adherence
- Session 2:
 - Focus: navigating barriers to goals
- Session 3:
 - Focus: relapse prevention

Clinical Case: Increasing Adherence to DMT

- Mr P.
- 50-ish year old Male
- RR MS
- DMT = Copaxone
- NARCOMS PDDS = 4 (Occasional Use of Cane)
- Mild Difficulties pain, spasticity, hand function
- Fatigue: (MFIS-5 = 17/20)
- Depression: PHQ-9 = 25 (met criteria for MDE)
- High Stress, Low Social Support

- Missed 50% of his doses

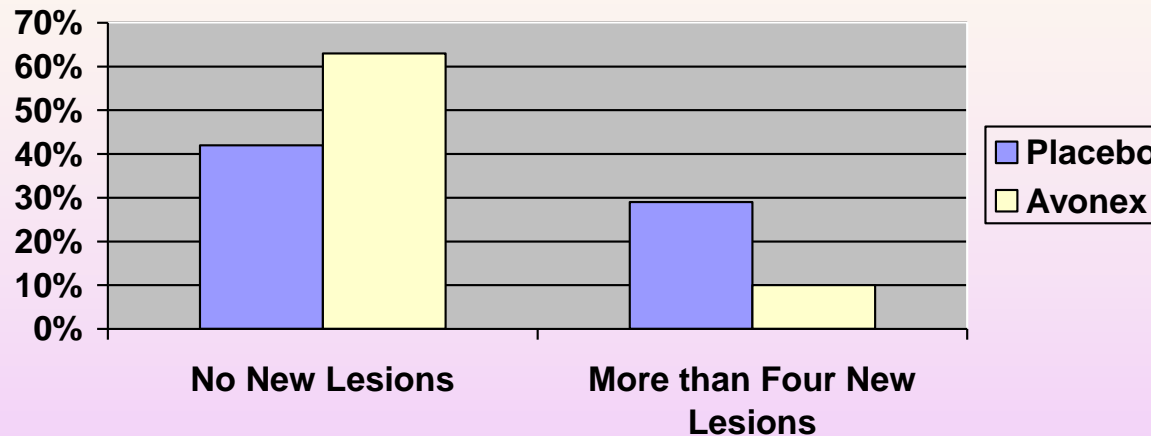
Case : Adherence to DMT

- Session 1: Motivational Interviewing (Phone)
 - Mailed feedback
 - Increasing self-efficacy for self-management
 - Life goals
 - Pros and cons of medication adherence
 - Develop discrepancies
 - Formulate a change plan

Personal Feedback Report for John Doe

This report provides information about the use of Avonex to slow progression of multiple sclerosis. The interviewer will review this information with you, but this copy is for you.

New Brain Lesions Over 2 Years



Cohen et al., Neurology, 2002

Lesions are areas of damage within the central nervous system where the body's immune system has attacked the myelin sheath around nerve cells. These lesions are visible using brain imaging techniques such as magnetic resonance imaging (MRI).

- People **on active medication (Avonex)** had fewer new brain lesions
- Over half of people who were **not on medication (placebo)** developed new lesions in two years
- 3 out of 4 people who developed many lesions were those **not on medication (placebo)**

Bottom Line: Avonex reduces the development of new brain lesions



Telehealth Monitors

- Provide Structured Question Sets
- Individually Tailored
 - Can ring to remind to take DMT
 - Can be programmed to ring according to established medication schedule
 - Educational/motivational reminders can be sent to unit
 - If patient does not take medication, it asks why

Care Coordinator Graphic Interface

| Date | ▼ Name | Disease(s) | Vitals | Questions | | | | Compliance |
|-------------------------|-----------------------------------|----------------------------|--------|-----------|----------|-----------|---------|------------|
| | | | | Symptom | Behavior | Knowledge | General | |
| 9/30/2006 8:20:13 AM | Michaels, John | Alzheimers Disease, CHF | H | H | H | M | N/A | No |
| 6/19/2006 1:00:12 PM | G'onzalas, J'ulio | CHF, Diabetes | L | H | H | N/A | N/A | No |
| 8/4/2006 3:12:18 PM | Philips, Mary | CHF | L | H | L | N/A | N/A | No |

Case: Adherence to DMT

- Session 2: Skills Training (Phone)
 - Navigating Obstacles
 - Medication Scheduling
 - Enlisting Social Support
 - Missed Dose Chain Analysis
 - Discuss Home Monitors

Case: Adherence to DMT

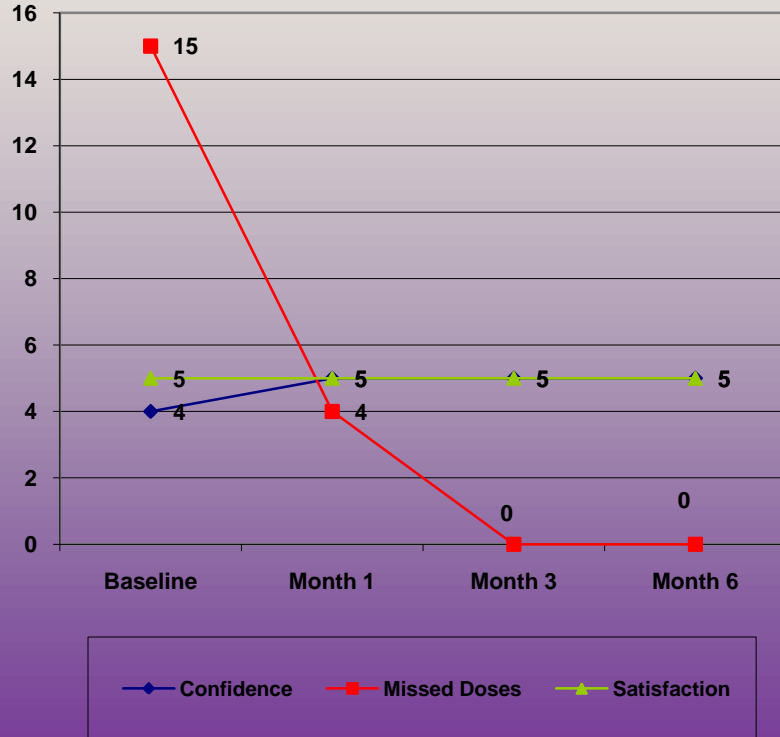
- Session 3: Clean-Up
 - Review training in home monitors
 - Problem solve missed doses
 - Revisit MI and skills training

Ongoing telehealth monitoring

- Telephone Booster Calls:
- Mr. P. received 4 'booster calls'
 - When he didn't report perfect adherence
 - When he didn't 'report in' as planned'

Mr. P: Six Month Outcomes

DMT Adherence



Psychosocial Correlates

