

# Motivational Interviewing and IPT

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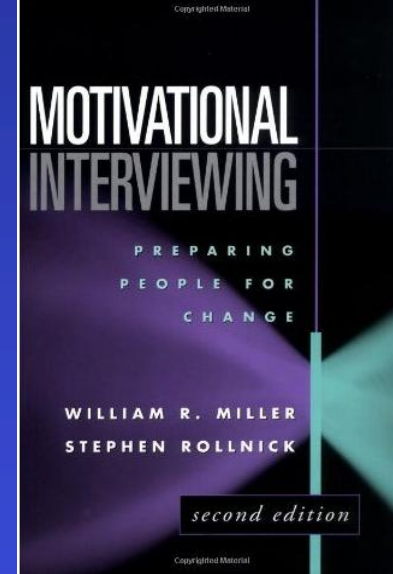
# What behaviors have you tried to change?

- Share stories
- What was most difficult?
- What helped you succeed?
- What did you learn in the process?

# Five Factors Needed to Increase Intrinsic Motivation

- 1. Understanding:** What is your understanding of the change?
- 2. Importance:** What is most important/meaningful for you in life? How could the change we are working on benefit this?
- 3. Choice:** Where would be a good place to start?
- 4. Confidence:** How confident are you that you can be successful?  
What are barriers? Is there one that is most important to work on right now?  
What help and support do you need?
- 5. Ongoing support:** When will we meet next to see how things are going?

# Self-determination theory provides the framework for MI



Describes three fundamental human needs:

1. Relatedness
2. Competence
3. Autonomy

Deci, 1975; Deci & Ryan, 1985; Williams, *et al.*, 2002

coughing up blood  
 WEAKNESS  
 Loss of Appetite  
 chest pains  
 Exposure to Tuberculosis  
 ANOREXIA  
 Significant Skin Test  
 Weight Loss  
 CHILLS  
 MALAISE  
 FEVER  
 POSITIVE SKIN TEST  
 Night Sweats  
 HEMOPTYSIS  
 difficult breathing  
 fatigue  
 Cough  
 Shortness of Breath  
 failure to thrive  
 Abnormal X-RAY  
**Think TB!**

Department

Recognize possible signs and symptoms of Tuberculosis. Early diagnosis and treatment reduces spread. Contact your Health Department or physician for more information.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service



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**Is this important?**



# **So if Tb is so important, why aren't we doing better?**

Clinicians report these barriers to increasing medication adherence

*“I don't have enough time.”*

*“Patients don't want to hear about it.”*

*“I don't know how to help patients change their behaviors.”*

*“Not enough time”*

**“Minimal interventions lasting less than  
3 minutes increase overall  
effectiveness...”**

The PHS Guideline for smoking  
Strength of Evidence = A



# Our training: give lots of advice!

- educate, advise, persuade
- prescribe action
- expect 100% adherence
- label those who don't change "non-compliant"

*There is a better way!*



# Exercise

- Pair off
- Person whose first name is earlier in the alphabet, make a closed fist.
- Partner – try and open it w/out wrestling your partner to the ground.

# Motivational Interviewing – patient centered

1. therapeutic relationship needed!
2. helps patient recognize the problem
3. ambivalence normal
4. directive in helping client explore ambivalence
5. uses a process paradigm
6. *patients* know what strategy will work for them

*“a skillful clinical style for eliciting from patients their own motivation for making changes in the interest of their health”*

# Facilitating health behavior change – a paradigm shift

## Requires four provider behaviors:

1. Ask with curiosity to create a therapeutic alliance
  - Elicit the patient's perspective
  - Respond with empathy using PEARLS statements
2. Assess patient's readiness to change
  - Conviction
  - Confidence

Use reflection when responding to resistance
3. Support the patient's autonomy; collaborate to tailor a plan for this patient!
4. Provide follow-up

# Facilitating health behavior change – a paradigm shift

## Requires four provider behaviors:

1. Ask with curiosity to create a therapeutic alliance
  - Elicit the patient's perspective
  - Respond with empathy using PEARLS statements
2. Assess patient's readiness to change - use reflection
  - Conviction
  - Confidence
3. Support the patient's autonomy; engage in collaborative planning to tailor an individual plan
4. Provide follow-up

# Facilitating health behavior change

Requires four provider behaviors:

1. Create a therapeutic alliance

- Elicit the patient's perspective – open-ended ?'s, understand the pt's explanatory model of illness
- Respond with empathy

2. Assess patient's readiness to change

- Conviction
- Confidence

Use Reflection when you encounter resistance

3. PrSupport the patient's autonomy; collaborate to tailor a plan for this patient!

4. Provide follow-up

# Active Listening

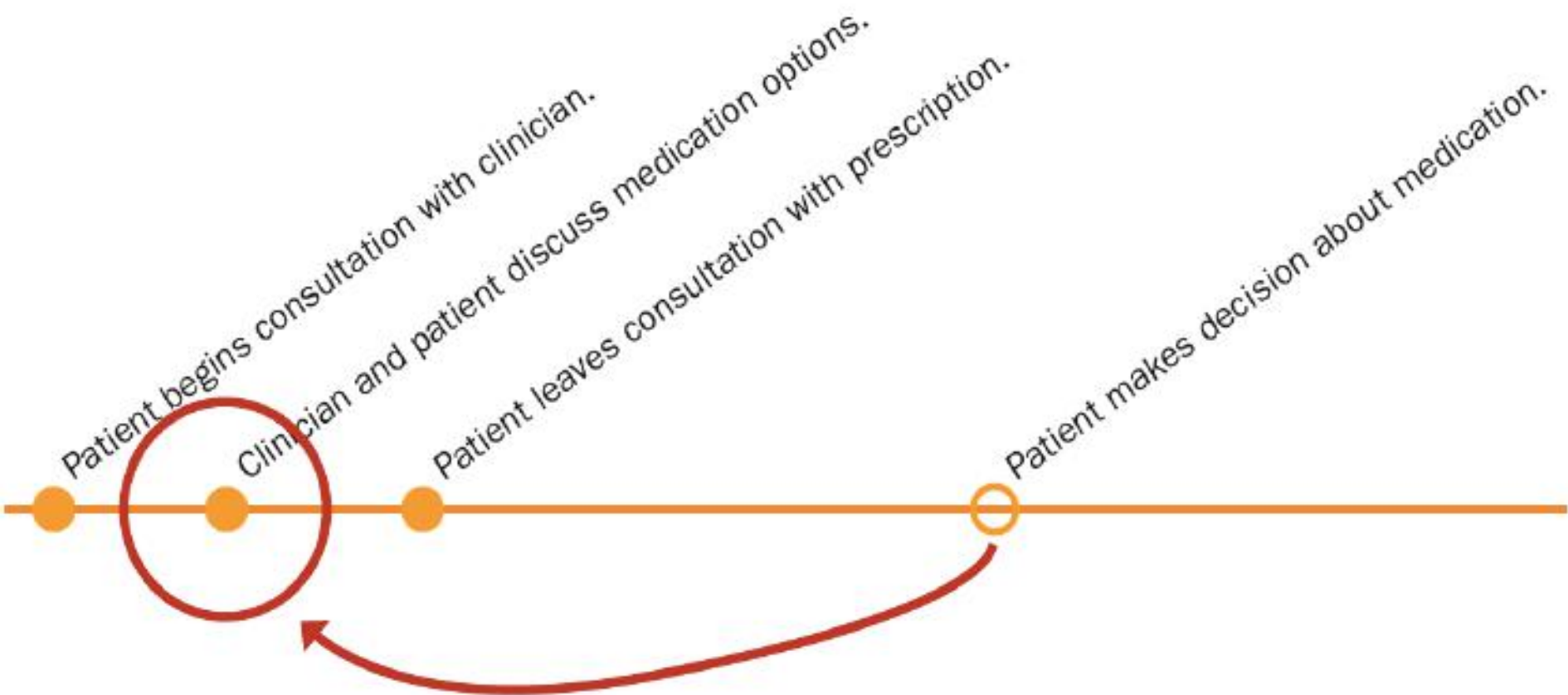
聽心

- Be curious, non-judgmental
- Don't impose your values
- Look for the emotions underlying the patient's words
- "Give permission" to tell the truth
- Use silence
- Assure your understanding – clarify and reflect

*"So if I understand you correctly, you want to protect yourself from getting Tb and you are challenged by adding another medicine."*

- Empathy increases adherence to treatment plan and improves efficiency of consultation.

# Move discussion re: adherence into the encounter





# Ask with curiosity to create a therapeutic alliance

**Elicit the patient's perspective about Tb:  
ask about the patient's explanatory model  
of illness**

- Fears
- Ideas about diagnosis and treatment
- Expectations
- Complications

# Take a detailed medication adherence hx

WHO - only 50% people take meds as directed

1. What medicines have you taken regularly?
2. What were the challenges with them?
3. How did you overcome those?



# Medication Adherence Challenges

Category	Questions to ask patient	Specific Causes	Strategies to Help
<p><b>Erratic adherence</b></p> <p>“Sometimes I forget to take my meds every day.”</p> <p>“I can’t get to the clinic to pick up my meds.”</p>	<p>“It is hard to take medicine regularly. Do you sometimes miss a dose?”</p> <p>“Are you ever confused about what to take?”</p> <p>“Do you have any trouble getting your medicines?”</p>	<ul style="list-style-type: none"> <li>• Forgetting</li> <li>• Med regimen too complex</li> <li>• Lack of routine</li> <li>• Too busy to go to clinic</li> </ul>	<p>Simplify therapy</p> <p>Pill box</p> <p>Link meds to other routines such as coffee</p> <p>Reminders by family members</p> <p>Group of 6</p>

# Medication Adherence Challenges

Category	Questions to ask patient	Specific Causes	Strategies to Help
<p><b>Intentional</b></p> <p>“I don’t need to take this much medication”</p> <p>“I don’t like taking too much medicine”</p> <p>“I don’t like the side effect of this medicine”</p>	<p>Are there meds that you feel you don’t need to take as often as prescribed?</p> <p>Do any of your medicines worry you? Do you have any side effects?</p> <p>Do you ever take less medicine to make the bottle last longer?</p>	<ul style="list-style-type: none"> <li>• Feel better off meds</li> <li>• Side effects bad</li> <li>• Doesn’t seem to be working</li> </ul>	<ul style="list-style-type: none"> <li>• Acknowledge, discuss and respect concerns, address SE</li> <li>• Explain need to use even when asymptomatic</li> <li>• Link adherence with therapy to goals</li> <li>• Try to modify treatment to fit <i>this patient!</i></li> </ul>

# Medication Adherence Challenges

Category	Questions to ask patient	Specific Causes	Strategies to Help
<b>Lack of understanding</b>  “I think my doctor told me to ...”	Tell me how your doctor asked you to take this medication	<ul style="list-style-type: none"><li>• Inadequate initial education</li><li>• Language or cultural differences</li><li>• Health literacy challenge</li></ul>	<ul style="list-style-type: none"><li>• Slow down</li><li>• Use plain language</li><li>• Limit what you say and repeat it</li><li>• Use teach back</li></ul>

# Teach Back Method

You do **NOT** want your patients to feel this is a test

Place the responsibility on yourself :

*"I want to be sure that I was clear explaining how to take this medicine. Can you tell me how you will take it?"*

OR

*"Can you tell me how you will explain to your wife/husband/family how you will take this when you get home?"*



# Ask with curiosity to create a therapeutic alliance

## Elicit the patient's perspective: use OEQs

- Requests a story, not an answer
- Search is for meaning, not facts
- “What” and “How” questions are effective
- “Why” questions may provoke defensiveness
- Active listening is key



# Facilitating health behavior change

**Requires four provider behaviors:**

1. Ask with curiosity to create a therapeutic alliance
  - Elicit the patient's perspective
  - Demonstrate empathy using PEARLS statements
2. Inquire about and assess patient's readiness to change
  - Conviction
  - Confidence

Use Reflection when you encounter resistance
3. Support the patient's autonomy; Engage in collaborative planning to tailor an individual plan
4. Provide follow-up

# How motivated are they?

- Increase motivation for change
- Consolidate commitment to change – ie ready to make a plan

# Implications for your counseling

*For every complex problem, there is a simple answer that is clear, simple and wrong.*

H.L. Mencken

## Finding

- Most patients are not ready to take action
- Movement forward increases the likelihood of subsequent action
- Relapse is the norm

## Implication

- Providing action-based strategies to all *is ineffective and inefficient*
- Tailoring strategies to level of readiness is more effective, efficient and satisfying
- Prepare and be vigilant for lapses; take a long term view

# Inquire about and assess readiness to change

A patient views change from two separable but interacting perspectives:

**Conviction:** “how important it is to prevent Tb?”

**Confidence:** “how confident are you that you can take a pill twice a week?”

# Support self-confidence

- unless a person thinks they can successfully change, they will be unwilling to try
- you can reinforce this – what have they succeeded in doing in the past?
- it is highly predictive of action

# Conviction and Confidence

Convinced 10

**Conviction**

Ambivalent

0

Helpless

10

Powerful

Stuck:  
frustrated

Moving:  
changing

Stuck:  
Unaware or  
skeptical

Stuck:  
skeptical

**Confidence**

# Conviction and Confidence

Convinced 10

**Conviction**

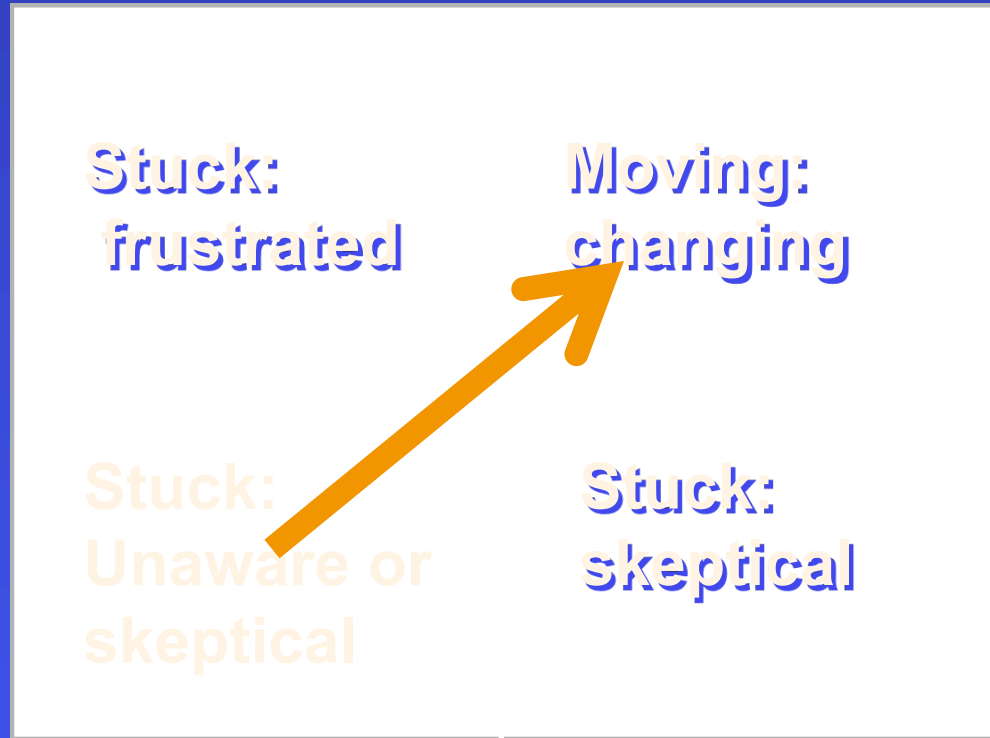
Ambivalent

0

Helpless

10

Powerful



**Confidence**

# Resistance

- occurs between people and can be influenced
- people normally take sides on any issue
- objective is to get the patient to take the “right side”
- help patients find the positive part of themselves

*What does resistance look like in your patients?*



# What does it mean when a patient says, *“I know I have to take my INH!”*

*Often need to clarify:*

*“I want to do it and I am ready to try.”*

*“I have to do it but I don't really want to...”*

*“My family is telling me I have to take it.”*

*“I'm aware Tb is a problem but I don't think I CAN take another pill.”*

*“I'm worthless since I haven't succeeded!”*

# Reflection – use when you encounter resistance

Listen and try to understand the *meaning* under the words

- **Reflect** the speaker's words using short summaries, paraphrasing
- **Non-verbally** remain attentive, non-judgmental

# Qualities of a good reflection

- clear, concise

- accurately identifies the essential meaning underlying a patient's words

- built in pause to give patient an opportunity to elaborate

# Types of Reflection

- **simple reflection**

*“so it is really hard to get the medicine every week.”*

- **amplified reflection - turn up the heat**

*“so life is so busy that there is **no way** you can take another pill.”*

- **double-sided reflection**

*“so on the one hand you find it really hard to remember but on the other hand you know it is useful to take...”*

**- End with the nugget of motivation**

# Other strategies for dealing with resistance:

- don't take a position, avoid “should” and “but”
- don't argue with your patient
- positive reframe:

*“My wife nags me all the time to take my medicine...”*

*“So your wife really cares about you, she wants you to stay healthy!”*

# Reflection Exercise – 5”

## Demo

- Play a patient who is having difficulty taking INH
- If patient is resistant, use a reflection to help them move forward
- Try to get *beyond* “It sounds like...” or “ I hear you saying...”

# Effects of Reflection

Patients:

- will explain their ambivalence in more depth
- feel better understood
- correct any misimpressions you have

# *Relationship Skills*

## *Use the “PEARLS”*



### *PEARLS*

- *Partnership* “I really want to partner with you to help you make this decision.”
- *Empathy* “I can see that you are struggling with your challenges.”
- *Appreciation/*  
• *Apology* “I really appreciate how hard you are working to get on this medicine.”  
“I’m sorry that the clinic wasn’t open when you came.”
- *Respect* “I really respect how you have dealt with...”
- *Legitimation* “Anyone in your position would feel similarly.”
- *Support* “I want to support you ...what do you need right now?”



# Skills practice

- Imagine a patient you commonly see and have a discussion about taking INH to prevent Tb
- Ask about the pros and cons of doing this
- Ask about
  - Conviction
  - Confidence

# Facilitating health behavior change

Requires four provider behaviors:

1. Ask with curiosity to create a therapeutic alliance
  - Elicit the patient's perspective
  - Use reflective listening
  - Demonstrate empathy using PEARLS statements
2. Inquire about and assess patient's readiness to change
  - Conviction
  - Confidence
3. Support the patient's autonomy; engage in *collaborative* planning to tailor an individual plan
4. Provide follow-up

# Support the patient's autonomy and engage in collaborative planning

*“To give your sheep or cow a large, spacious meadow is the way to control him”*

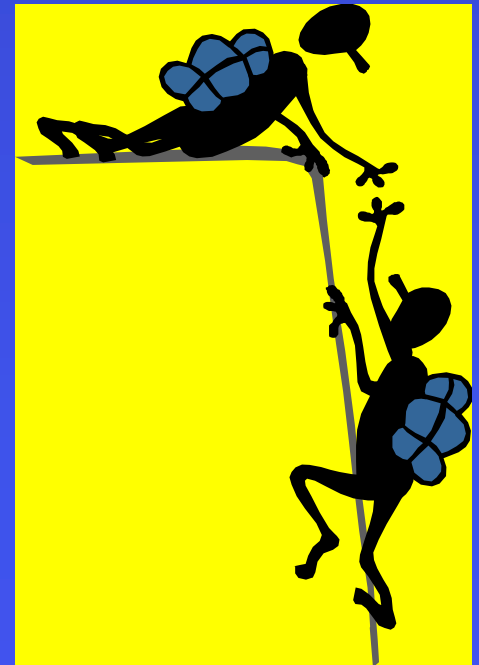
Shunryu Suzuki

## Set appropriate objectives

- Increased awareness of importance
- Increased knowledge
- Understand options, choices
- Small steps toward change
- Strengthen your relationship

# Support the patient's autonomy and engage in collaborative planning

- Identify patient's priorities and negotiate goals
- Offer a menu of options and support a choice
- Explore and respond to ambivalence
- View slips as occasions for problem-solving rather than as failure
- Elicit “change talk”



# Evoked change talk – including thoughts, beliefs, feelings

Look for the patient's intrinsic motivation to change  
problem recognition *“how does this concern you?”*

intention to change *“what might you do?”*

future *“what goals do you have for yourself?”*

optimism *“what strengths can you draw on to make this change?”*

# Summary chart comparing counseling models

	<b>Traditional Provider Prescriptive Model</b>	<b>Motivational Interviewing Model</b>
<b>WHAT/WHY</b> (who identifies what behavior needs to change?)	Physician exposes the problem  Provider presents facts	Patient states what matters to them Provider listens for cues and uses:  <u>O</u> pen ended questions <u>A</u> ffirm and validate <u>R</u> eflect <u>S</u> ummarize
<b>WHEN</b> (who determines when it is time to change?)	Provider insists you must start <b>NOW</b>	Patient rates importance of change. Patient rates confidence in their ability to change
<b>HOW</b> (who determines plan of action for change?)	Provider insists on action plan	Both review patient's previous successes and failures Patient and provider negotiate action plan and resources needed
<b>OUTCOMES</b>	Variable rate of success High rate of noncompliance	High rate of success

# “Teach Back” Associated with Better Blood Sugar Control

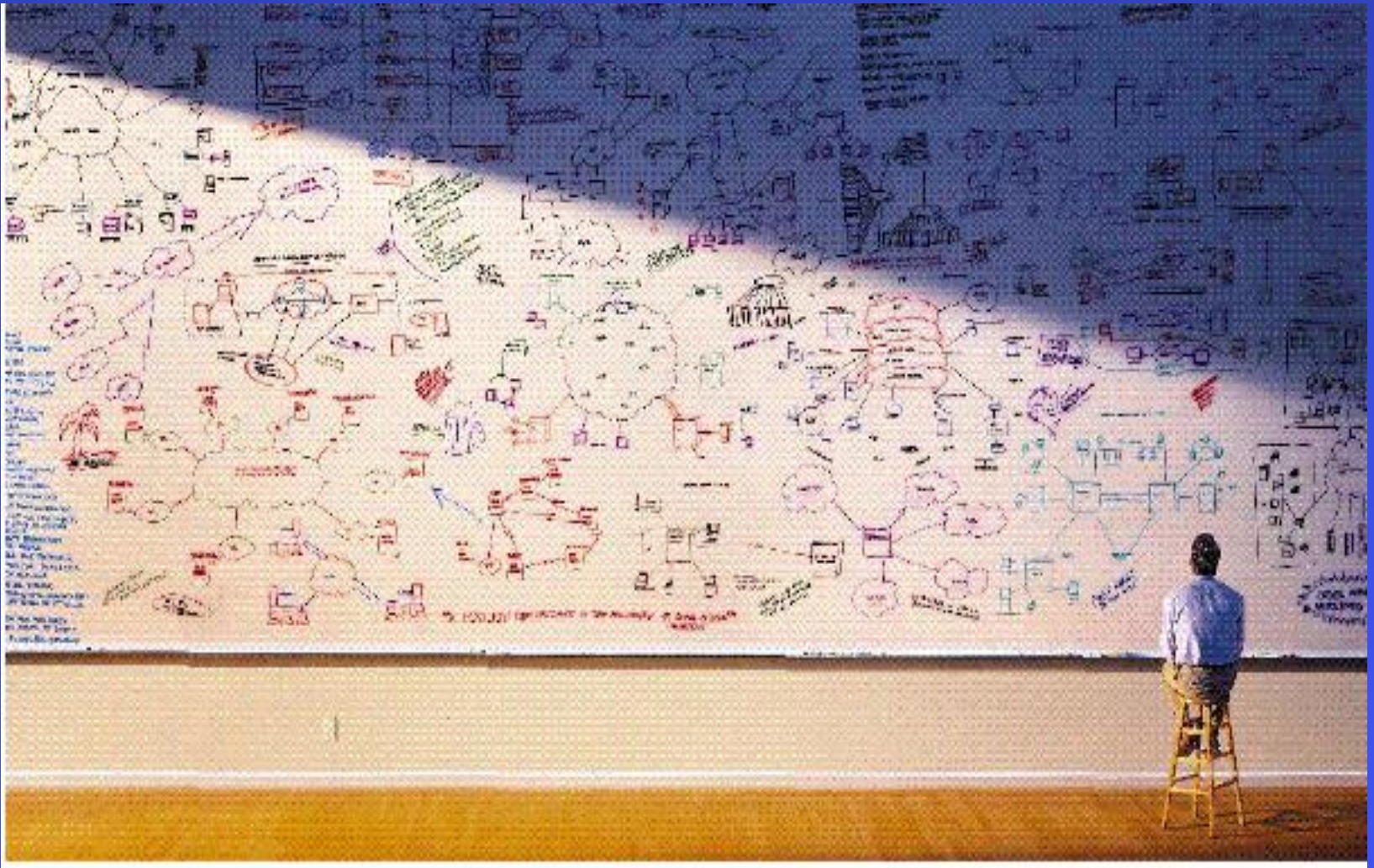
- Physician visits with low literacy patients audio-taped
  - 74 patients
  - 38 physicians
- Physicians assessed recall of only 12% of new concepts
- When comprehension was assessed, patients were 9x more likely to have A1c below the mean ( $\leq 8.6\%$ )

# Interview with Lisa

- 28 yo woman who is HIV +
- Adherent with ART
- Has 3 children, lives miles from clinic



# Any Questions?



[Nancy.Cochran@va.gov](mailto:Nancy.Cochran@va.gov)

# Extra Slides

# OARS

O – Open ended  
questions

A – Affirmations/  
Validations

R – Reflections

S – Summaries



# Ask About Conviction and Confidence

*“On a scale of 0 - 10, how important is it to you to change behavior X?”*

Not at all  
important

0 1 2 3 4 5 6 7 8 9 10

Completely  
important

*“On a scale of 0 - 10, how confident do you feel you can change behavior X?”*

Not at all  
confident

0 1 2 3 4 5 6 7 8 9 10

Completely  
confident