Improve Patient Adherence with Motivational Interviewing

Bruce A. Berger, PhD
President, Berger Consulting, LLC and
Professor Emeritus, Auburn University
Harrison School of Pharmacy
bbergerconsulting@gmail.com
Disclosures

• APhA Royalties
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CPE Information

• Target Audience: Pharmacists
• ACPE#: 0202-0000-19-062-L04-P
• Activity Type: Application-based
Learning Objectives

At the completion of this application-based activity, participants will be able to:

1. Apply motivational interviewing (MI) skills for improving adherence to health behaviors.
2. Distinguish between the appropriateness and effectiveness of various MI skills.
3. Critically evaluate case examples and respond with appropriate skills and solutions.
1. Which of the following is a reason that a sense making approach to learning motivational interviewing (MI) was developed?
   A. Trainees liked learning new acronyms.
   B. Sense making was consistent with how people see the world.
   C. Acronym-based approaches were too simplistic.
   D. A sense making approach helped psychologists understand MI better.
2. People who are ambivalent or resistant to change:
   A. Need to be motivated to change.
   B. Respond well to persuasive communication.
   C. Often operate with incomplete or inaccurate information.
   D. Generally are stubborn and unable to change.
3. Which skill is used when people are saying, “I just don’t understand why I need to…”?
   A. Conditional commitment
   B. Open ended question
   C. Negative reflection
   D. You’re wondering
4. Which of the following is true of motivational interviewing?
   A. It is practitioner-centered.
   B. MI skills reside in the prefrontal cortex.
   C. MI might cause face loss.
   D. MI requires motivating the patient.
• MI was developed to address patient *ambivalence* and *resistance* 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. MI is NOT about motivating or persuading people to change.

• MI does two important things:
  • it accurately and nonjudgmentally reflects and explores the concerns and emotions of the patient through specific skills, and
  • it provides insight or new information to address those concerns in a nonjudgmental and nonthreatening manner (the spirit of me)
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.
Observations

• Health care professionals (HCPs) were so focused on trying to remember what a particular letter of an acronym stood for (OARS, DARN, etc.) that they often didn’t listen to the patient or know what to listen for to affect change.

• 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.
A New Approach - Objectives

• Assist HCPs:
  • In knowing what to listen for when interacting with patients
  • To be clearer about how to respond appropriately
  • In choosing appropriate skills (exploring vs info giving)
  • To become more aware of how their own anxieties about “succeeding” affect how they respond - introspection
Today’s session

• Focus on a sense making (non-acronym based) approach to MI
• Identify the 7 steps in our sense making approach to MI
• Use sample cases/dialogs to illustrate how to know when to use the appropriate MI skills to improve adherence
Practitioner-Centered Thinking

- I just need to educate my patients
- I just need to tell them what to do - Adam and Eve
- I’m driving the bus
- It’s my job to motivate my patients
- My patients can be difficult
- I am the expert here
A New Approach

• 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 HC
• When people are ambivalent or resistant to change, their sense making:
  • Results from information that is incomplete; or
  • Contains errors or inaccurate information

The Steps

1. **Listen** for the sense making
2. **Clarify** (nail down) the sense making – “If you don’t know where you’re going, any road will take you there.”
3. **Reflect** back your understanding
   - Let’s the patient know you listened
   - You find out if you were accurate
4. **Identify** – incorrect or needed (missing) information
The Steps continued

5. **Address the issue (with permission)** – provide the new information

6. **Invite the patient** to consider the new information and draw a new conclusion

7. **Summarize** and discuss next steps
Key Questions

1. What does having ______ mean to you?
2. How important is it to you to manage your ______ (or take the medicine, lose weight, quit smoking, etc.)?
3. What would make taking the medicine (losing weight, quitting smoking, etc.) more important to you?
4. What’s your understanding of the purpose of the medication?
5. What gets in the way of taking the medication (losing weight, quitting smoking, etc)?
6. What would have to change for you to decide to.....?
Initiation of Medication Therapy
Step 1 – Listen for the sense making

• Case – 63 yo male with high BP

• **Patient**: I don’t know why I need this medicine. I feel fine.

• A sense → conclusion → decision about behavior

• **Skill**: *You’re wondering*

• What is this patient’s sense, conclusion and decision?
Step 1 – Listen for the sense making

Skill: You’re wondering

- Let’s the patient know you’re listening
- Sets up providing insight/new information

Patient: I don’t know why I need this medicine. I feel fine.
HCP: So, you’re wondering, why you really need this medication, since you’re feeling ok?
Patient: Exactly
HCP: You raise a great question. Would you mind if I shared some thoughts with you and you let me know what you think?
Step 2 – Clarify the sense making

Case: 55 yo female with new prescription for diabetes medication

Patient: My doctor prescribed this for my diabetes (holding prescription), but I really don’t like taking medicine.

Skill: Reflect and Explore – use open ended questions to define the issue(s)
  • Doubts about need for this med?
  • Problems with meds in general, etc.
Step 2 – Clarify the sense making

Skill: Reflect and Explore

Patient: My doctor prescribed this for my diabetes (holding prescription), but I really don’t like taking medicine.

HCP: You sound reluctant to take any medication. What’s got you concerned about taking medication?
Step 3 – Reflect back your understanding

Case: 55 yo female with new prescription for diabetes medication

Patient: The last medicine I took for an infection gave me a horrible rash. I don’t want that to happen again.

Skill: Reflect
Feelings, content, reasons

What is this patient’s sense?
Step 3 – Reflect back your understanding

Skill: Reflect

Patient: The last medicine I took for an infection gave me a horrible rash. I don’t want that to happen again.

HCP: Getting that rash really frightened you. You don’t want that to happen again.

Patient: No, I don’t. It was horrible.
Step 4 – Identify incorrect or needed information

Skill: Identify needed information

**Patient**: No, I don’t. It was horrible.

**Note**: (careful about face loss)

**HCP**: I don’t want that to happen to you either. Sounds like if we can eliminate that problem with this medication you would be willing to take it. *(Conditional commitment)*

**Patient**: Can you do that?

**HCP**: The medicine prescribed is very effective in helping to reduce your blood sugar. It is highly unlikely that you would have a problem with a rash with this medication. Where does this leave you now in regards to taking the medication?
Step 5 – Address the issue (with permission)

**Case:** Patient newly diagnosed with diabetes.

**Patient:** The doctor says I have sugar, but I feel ok so I don’t see the point in doing anything right now. I might do something if I start feeling bad.

What is this patient’s sense?  
What information is missing or incorrect?  
What information is needed?  
How do we provide it?
Step 5 – Address the issue (with permission)

**Patient:** The doctor says I have sugar, but I feel ok so I don’t see the point in doing anything right now. I might do something if I start feeling bad. *(This doesn’t apply to me now)*

**HCP:** So your doctor indicated that your blood sugar is up but because you feel ok, you’re thinking you won’t do anything until it gets worse.

**Patient:** Right.

**HCP:** Would you mind if I shared some thoughts with you and you tell me what you think? I do understand that ultimately, this is your decision.

**Patient:** I suppose.
Step 5 – Address the issue (with permission)

Patient: I suppose

• Response lends itself to an analogy.
  • Syrup, pancakes
• Analogy must fit the situation and the educational level and “world” of the patient
• What must be addressed by the analogy?
• After the analogy:
  HCP: Where does this leave you now in regard to lowering your blood sugar before serious damage is done? (don’t minimize the impact)
• Additional diabetes analogy
Step 6 – Invite the patient to reconsider

**Case:** 57 yo male patient with diabetes. 30 pounds overweight.

**Patient:** I’ve tried losing weight before. I always seem to gain it back. I just don’t want to go through that again.

What would you say?
Step 7 – Putting it all together and summary

- **Patient:** Look, everyone in my family has had high cholesterol and they ate whatever they wanted and they all lived long lives. I don’t think I really need this prescription.
- **HCP:** It sounds like your family has really good genes when it comes to cholesterol and its negative effects. I really hope that’s true for you, too.
- **Patient:** I’m sure it is.
- **HCP:** At this point it doesn’t seem to make a lot of sense to take medicine or change your lifestyle.
Step 7 – Putting it all together and summary

• **Patient:** You got it!

• **HCP:** You bring up some really good points. Would you mind if I share some thoughts I have and you tell me what you think about them?

• **Patient:** I suppose…but, I’m not changing anything.

• **HCP:** (calmly) OK…fair enough. Here’s something for you to consider. If your family is like most, people have different heights, shades of hair color, and the like. So, even people from the same “gene pool” can differ. You have to decide if it is worth it to you to take steps to reduce your risks of being negatively affected by high cholesterol, and possibly having a stroke or heart attack, or do you want to hope you’re like the rest of your family members? What do you think about this?
Step 7 – Putting it all together and summary

• **Patient:** Well, no one has had a stroke or heart attack yet.

• **HCP:** And I really hope you never do. We just never know who might be more susceptible to this risk. There certainly are ways to reduce the risk through medication and lifestyle changes.

• **Patient:** Well, I need to think about that. I’m not sure I want to do anything.

• **HCP:** Again, it’s up to you. You have to decide the degree of risk you are comfortable with. So, right now it sounds like you’re going to think about what we’ve discussed about risks and decide if you want to do anything to reduce them, just in case you may be susceptible....kind of a preventive approach.

• **Patient:** I’ll give it some thought.

• **HCP:** Sounds good. I’m here if you have any questions.
Responding to Adherence Problems
Case example

• 60 year old female patient with high blood pressure is prescribed a single medication, once a day. Patient is called by an MTM center and inquires about the patient being 30 days late on a 90 day supply of the medication. The patient is asked if she is having any difficulties taking the medication. The patient responds:

• **Patient:** No, I take it 3-4 days a week. I feel great and my blood pressure never goes above 150/100.

• Where do we begin?
Case example

• 55 year old male patient with high cholesterol prescribed a statin (6 months ago) and was also told to “lose some weight and cut the fat down in your diet” by his physician. The patient’s total cholesterol today is still over 400. His father died from a stroke and his mother has had a heart attack. He has now stopped taking the statin. When asked why, he says the following.

• **Patient:** I just don’t think I need the medicine. And yes, I know what happened to my parents. But, I’m not them. They smoked. I don’t. They were really over weight. I only need to lose about 20 pounds. They had high blood pressure. I don’t. So, I just don’t want to take the medicine. I’m doing ok.

• Where do we begin?
Skills we have discussed

• **You’re wondering** – used when patients are saying, “I just don’t get it....”

• **Reflection**

• **Open ended questions** to explore the sense making

• **Conditional commitment** – used when the patient understands the necessity of a behavior but there are barriers

• **Analogies** (additional example – fuse/explosion)

• **Additional skill**: A look over the fence – examples

• **One additional consideration** – what to do if you’re being chased by a bear – MI and the brain
Closing remarks/conclusion

• Everything starts with nailing down the sense making
• You really cannot know what skill to use or information to provide if you don’t clarify the sense making
• If you don’t know where you’re going, any road will take you there….NOT A GOOD STRATEGY – takes way too long.
• The patient decides…BUT, you can influence that decision in a very positive way using MI
Assessment Questions

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References


• Berger, B.A. and Villaume, W.A. comMIIt (comprehensive motivational interviewing for health care professionals), 8 hour e-learning program, https://tinyurl.com/PurdueCE-MI-HCP
References


QUESTIONS
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