

**Why won't you
take my good
advice?!?**

**Motivational
Interviewing and
Empathic
Communication in
Health Care**

Tennessee Primary Care
Association

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Objectives

By the conclusion of these presentations, participants will...

- Be able to articulate the foundational importance of empathy and asking permission in developing respectful and healing relationships
- Be able to explain the limitations of advice-giving and articulate the relative benefits of Motivational Interviewing
- Be able to describe how evoking **Change Talk** facilitates behavior change
- Acquire basic tools for Motivational Interviewing including OARS, Decision Balance, and Readiness Ruler



Patient Case: Sandra Menendez

- Hypertension
- MI two months ago
- Diabetes
- Obesity
- Smoker
- Sedentary
- Unhealthy Diet

Exercise 1: Persuasion



Persuasion Demonstration

- First, find out what your partner is feeling about exercise
-
- Then, do ONLY the 5 things listed here:
 1. Explain why the person should make this change.
 2. Give at least three specific benefits that would results from making the change.
 3. Tell the person how they could make the change.
 4. Emphasize how important it is for them to make the change. This might include the negative consequences of not doing it.
 5. Tell/persuade the person to do it.

Observers: Please take notes of what you see and hear to share....



What is MI ?

*It is a **person-centered** counseling style for addressing the common problem of **ambivalence about change**.*

Miller and Rollnick, 2013



A decorative background on the left side of the slide featuring a series of concentric, wavy blue lines that create a sense of depth and movement.

Motivational Interviewing

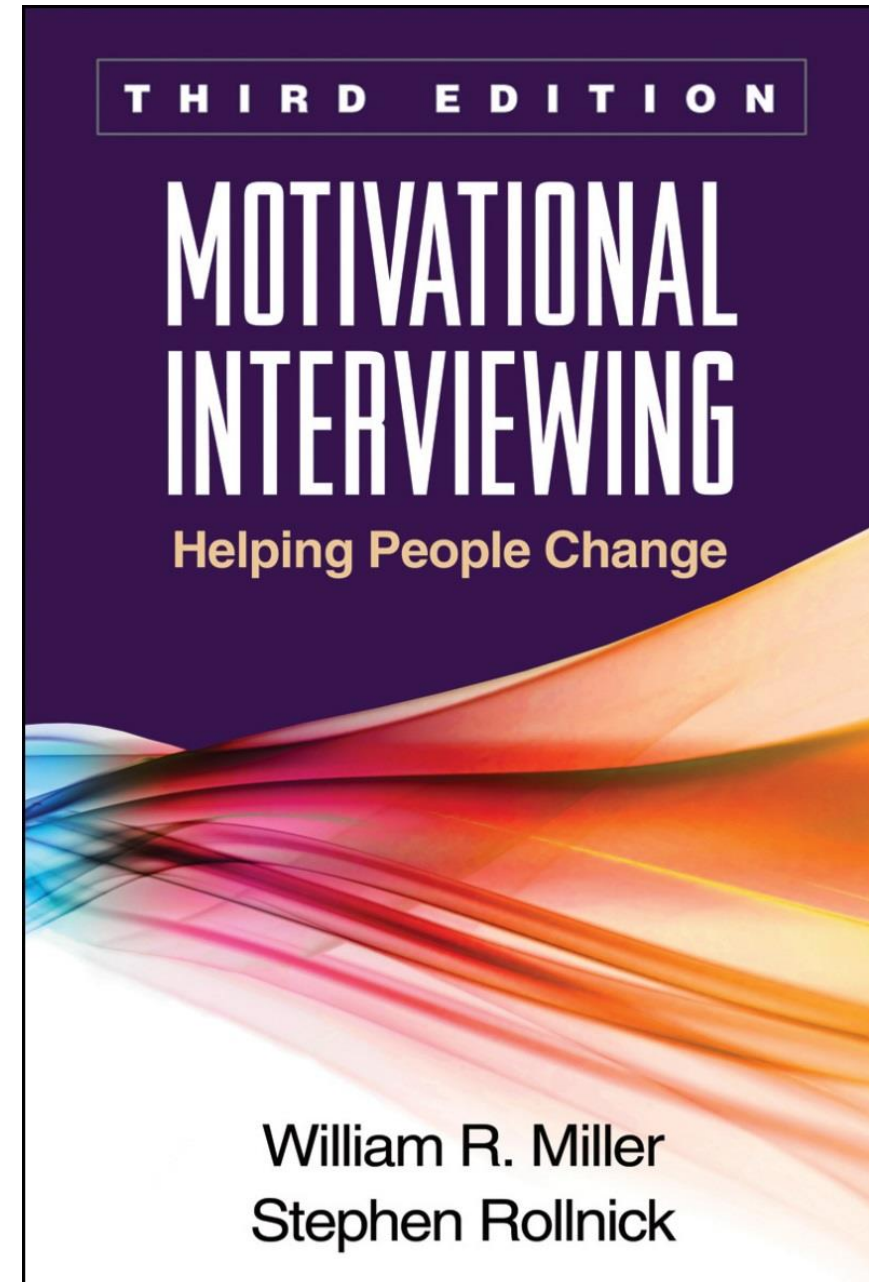
A Pathway to Behavior Change

More effective than giving advice

Patient-Centered Approach

.....

Motivational Interviewing is a Tool of Patient Activation



What do you notice?



The Spirit of Motivational Interviewing

Permission

Partnership

Acceptance

Compassion

Evocation

How Do You Build Trust?



How do you build trust?



Trust?

Behavioral
Coaching
INSTITUTE

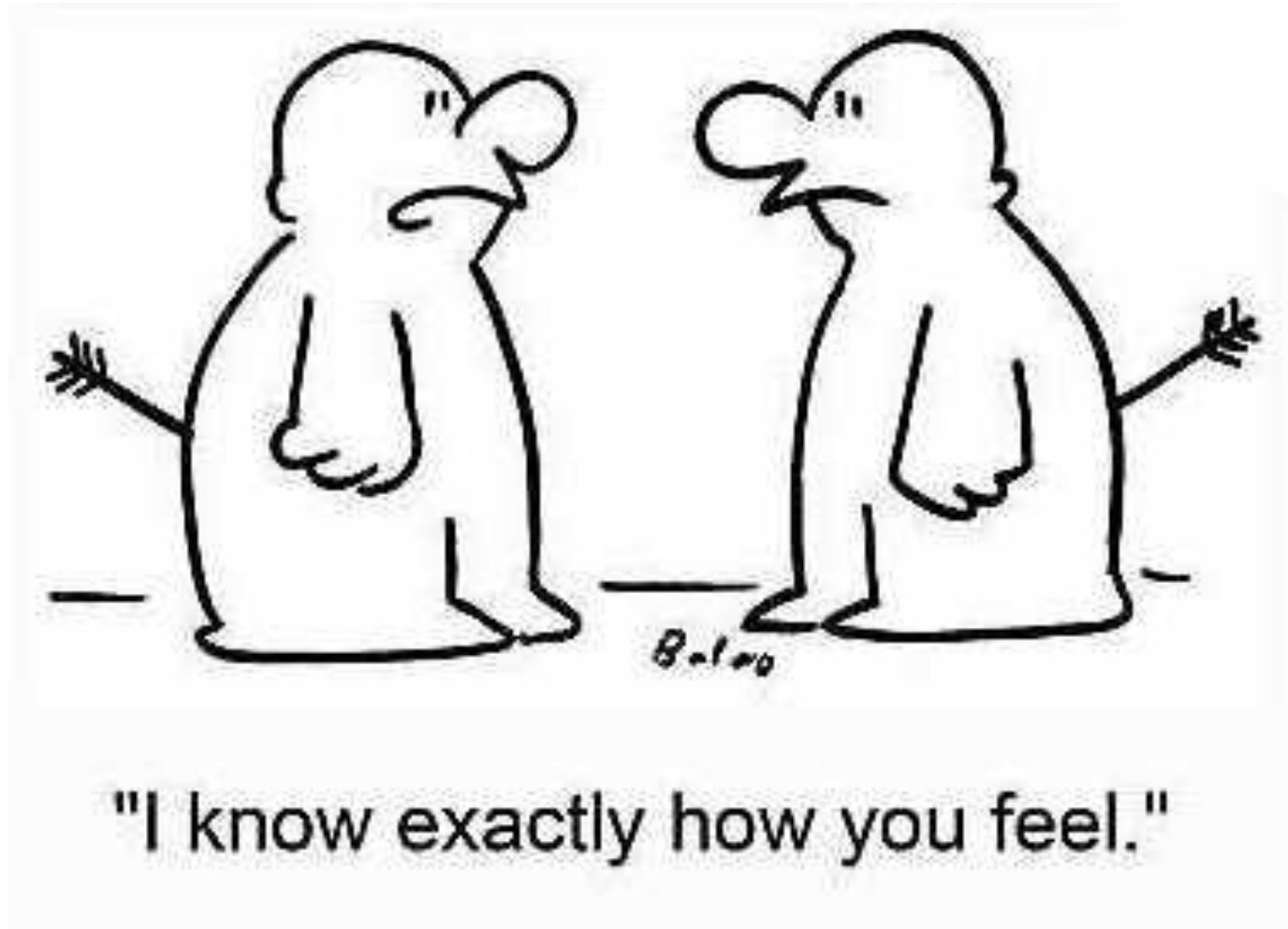
$$\text{Trust} = \frac{\text{Credibility} + \text{Reliability} + \text{Intimacy}}{\text{Self-interest}}$$

Maya Angelou

- **“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”**

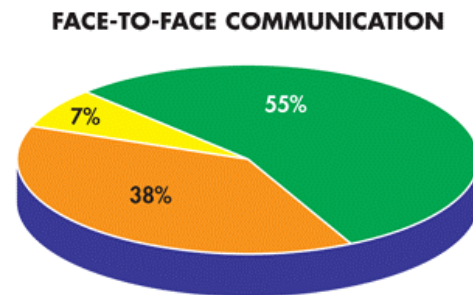


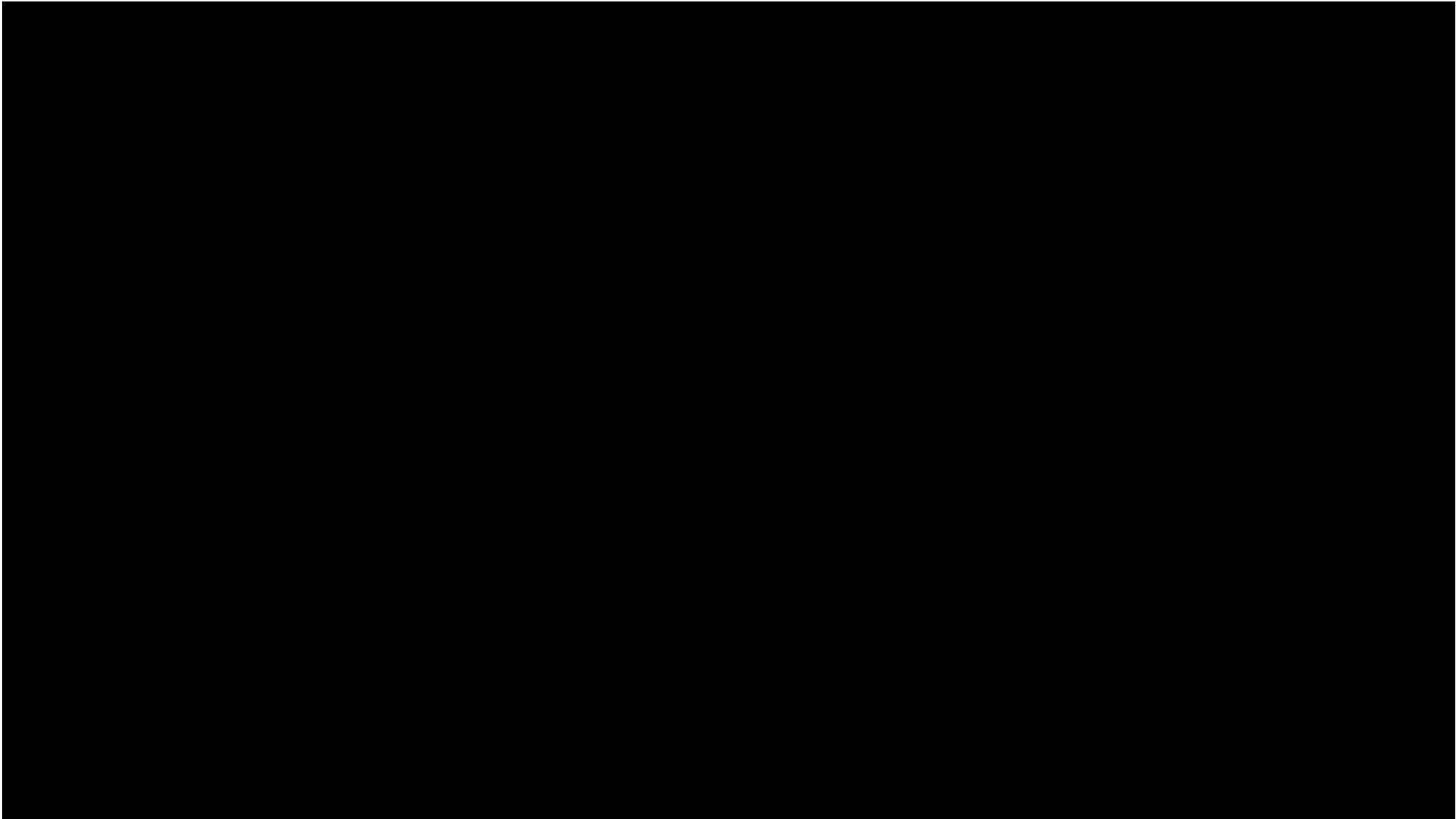
Engaging via Empathic Communication



Research by Dr. R. Birdwhistle dissected live communication into three prime factors:

55% body language/physiology,
38% quality of the voice and
7% actual words spoken.





Observation Exercise

Listen to the following interaction, paying particular attention to sub-optimal communication behavior.



"The doctor will see you now —
I can't promise that he'll talk
to you, but he'll see you."

Empathy and Communication are Multi-Sensory Experiences

Empathy is built on understanding patient:

- Thoughts
- Feelings
- Perspective
- Expressions
- Actions
- Needs

Empathy is built on a foundation of listening.

Empathy by Brene' Brown



Benefits of Listening in Patient Care



Benefits of Listening in Patient Care

- More accurate diagnoses
- Avoid labeling patients
- Avoid premature closure
- Reduce unnecessary tests
- Surface potential barriers to adherence
- Increase likelihood of adherence

Benefits of Listening in Patient Care

- Increase Patient Satisfaction
- Increase Patient Safety
- Reduce Lawsuits
- Reduce Costs – Unnecessary Tests
- Improve Collegial Relationships
- Enhance Career Satisfaction and Sense of Purpose

Counselor Empathy Effect



Counsel in a **reflective, empathic** manner—

Resistance decreases

Change talk increases

Miller et al, 1980
Miller & Baca, 1983



Counsel in a **directive, confrontational** manner—

Resistance increases

Change talk decreases

Patterson & Forgatch, 1985
Miller et al. 1993

Engaging: Empathic Reflection

Warm Up Exercise

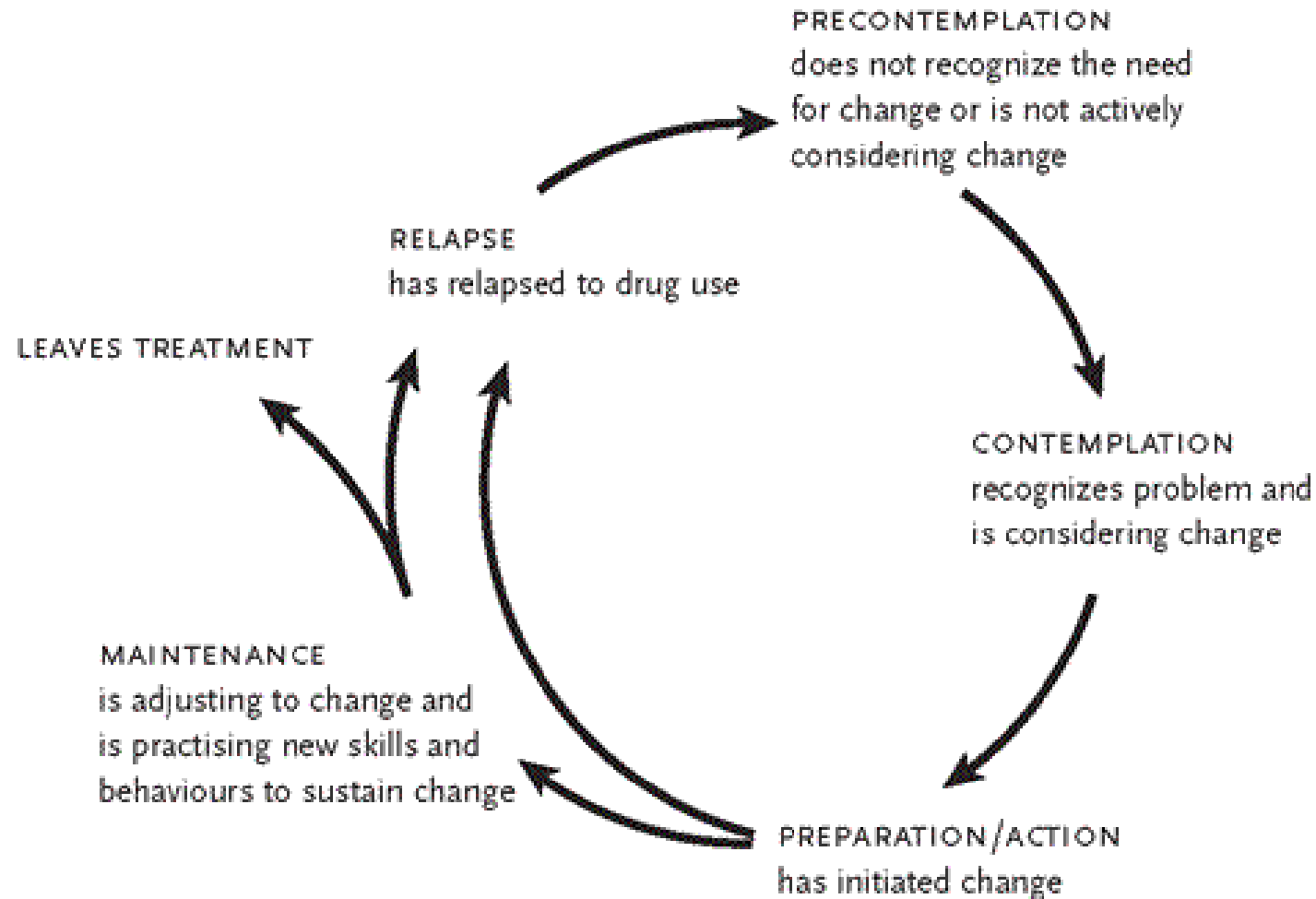
- You're feeling....
- You're saying....
- You're feelingbecause

REFLECTIVE LISTENING

Using Reflections to engage, evoke,
respond to sustain talk and discord

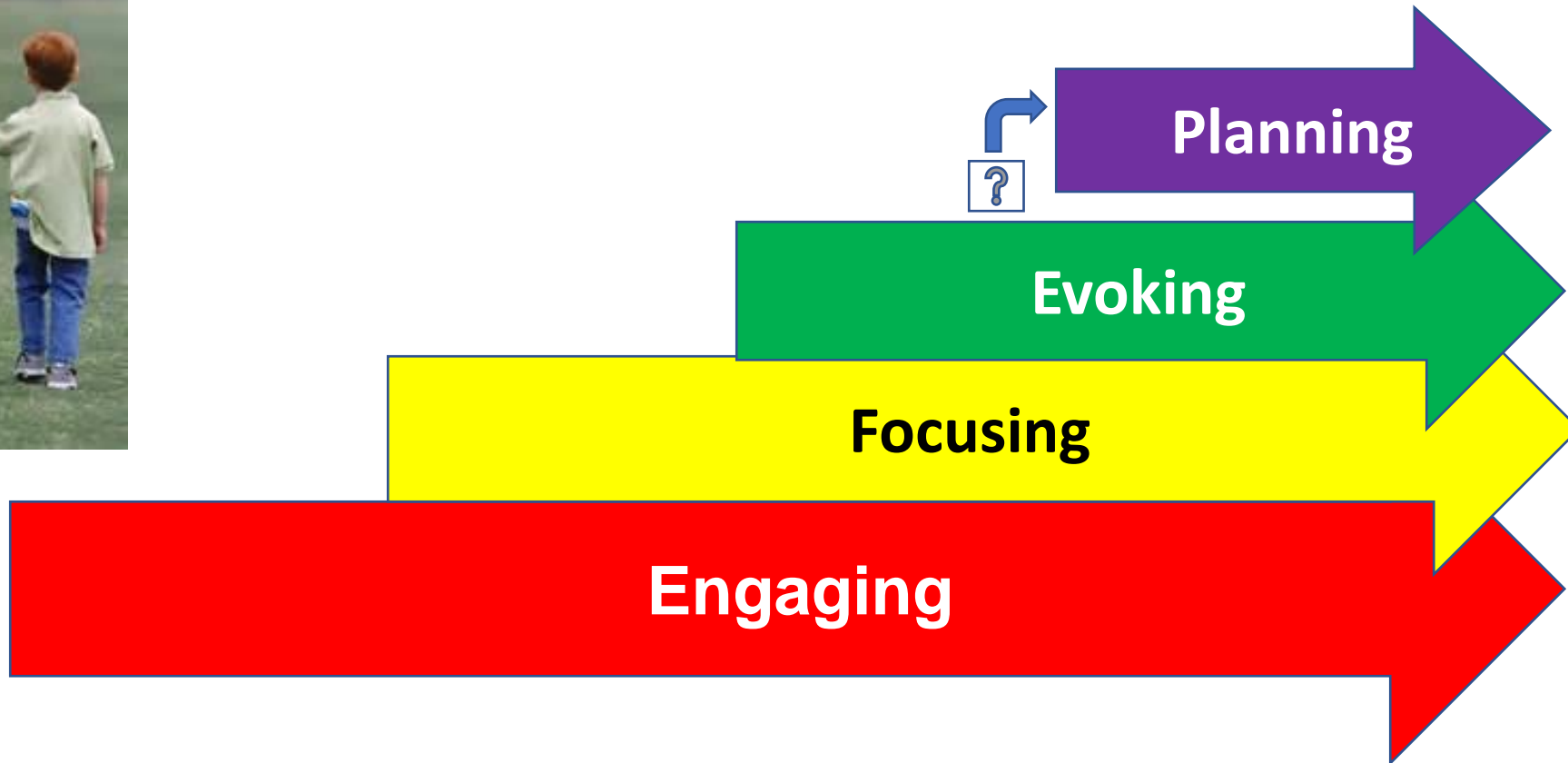


Stages of change



Four Processes in MI

Miller and Rollnick, 2013



Righting Reflex



- The Righting Reflex corrects something “wrong”
- May support the reasons not to change in the face of ambivalence

- R Resist the Righting Reflex
- U Understand Client's Motivation
- L Listen to Your Patient
- E Empower Your Patient



Open Questions	<p>Elicit crucial information that may not be gathered from closed questions</p> <p>Cannot be answered yes/no</p> <p>Allows patient to tell their story</p>	<p>Instead of asking "Are you in pain?" they could be asked "How do you feel?"</p>
Affirmations	<p>Statement of appreciation</p>	<p>"That's great you lost 4kg".</p> <p>"I am impressed by your commitment".</p>
Reflection	<p>Understanding what the patient is thinking and feeling and saying it back to the client</p> <p>Statements not questions</p>	<p>Patient – "I've been this way for so long."</p> <p>Reflection from AHP – "So all of this seems normal to you."</p>
Summaries	<p>Longer than reflections</p> <p>Used for highlighting both sides of a patients ambivalence, provide recap to ensure understanding, transition from one topic to another</p>	<p>For a patient trying to lose weight – "You have several reasons for wanting to lose weight; you want to interact with the kids more, you want to be healthier. On the other hand, you are worried about the hassle and time consumption of the process, and worry if you'll have the motivation to adhere to it. Would that sum it all up?"</p>

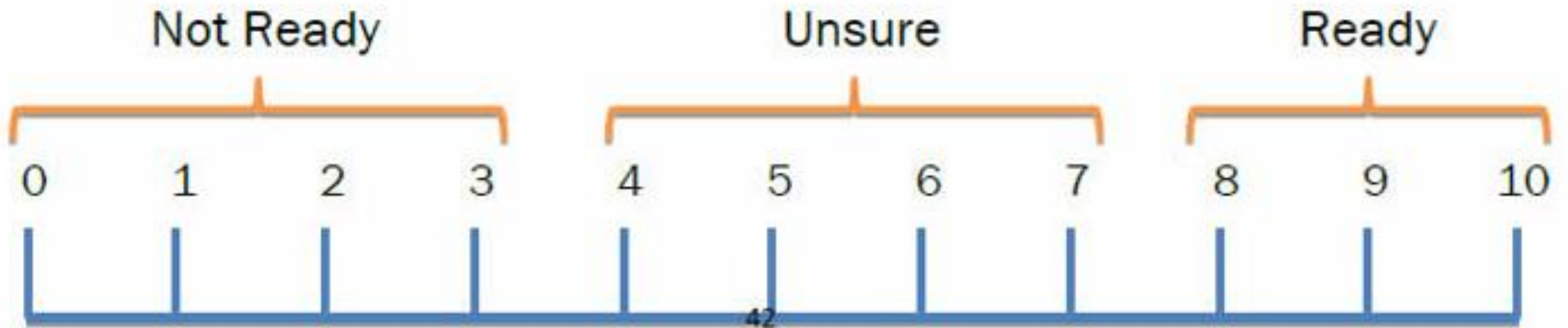
The Decisional Balance

	Advantages	Disadvantages
Smoke		
Don't Smoke		

Decision Balance: 4 Questions

- What are the advantages to skipping your appointment?
- What are the problems with skipping your appointment?
- What are the benefits of seeing your doctor?
- What are the problems with seeing your doctor?

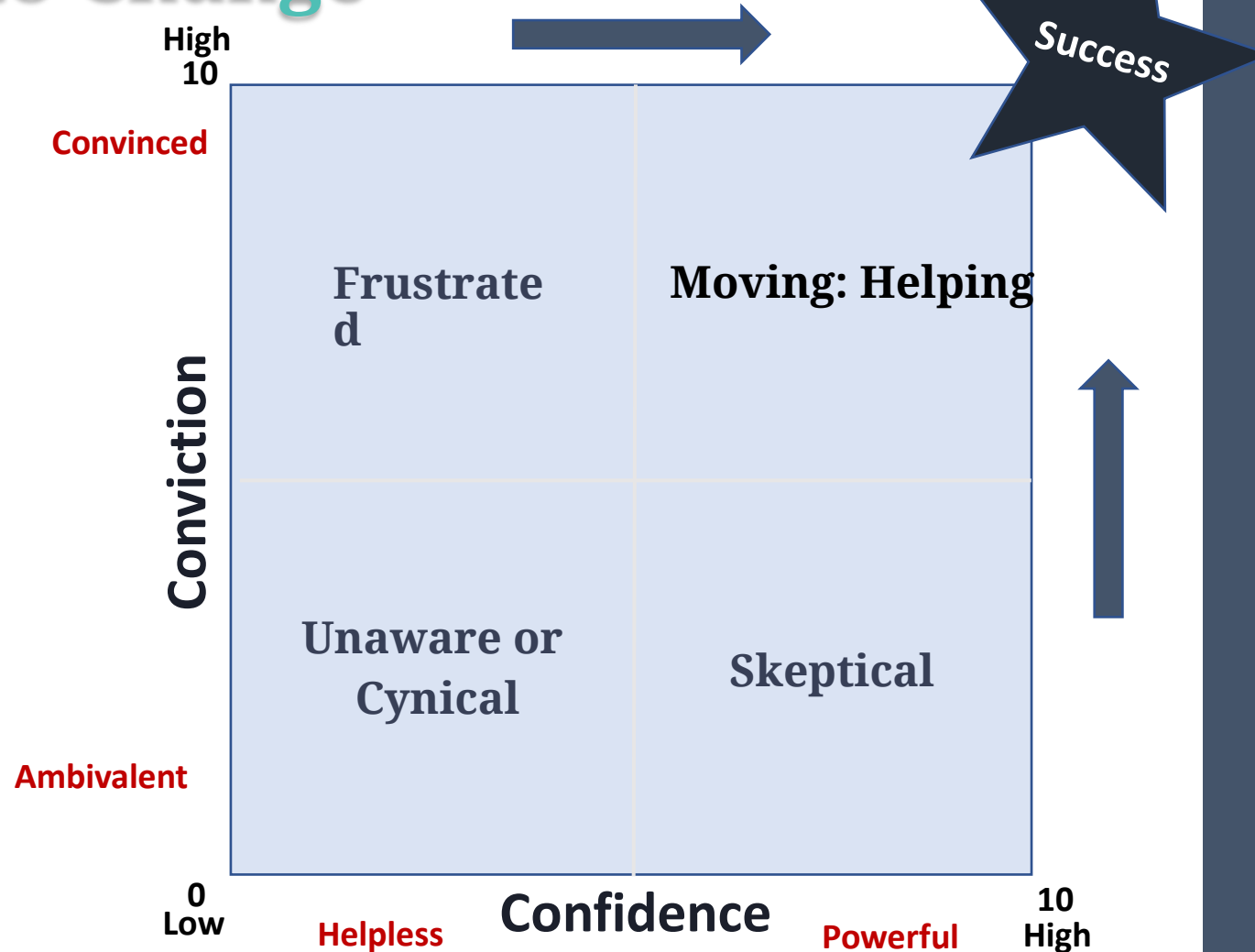
Readiness Ruler



www.motivatehealthyhabits.com

Concepts

Conviction and Confidence reflect
Commitment to Change



- **Assess Conviction:**
‘How important is this to you?’
- **Assess Confidence:**
‘How hard or easy do you think it will be?’

Importance & Confidence



- “From 0-10, How Important is it for you to ...?”
 - Why did you choose ____ (number) and not ____ (a lower number)?
 - (What would have to happen for this # to go to 8 or 9?)
- “From 0-10, How Confident do you feel that you can ____, 10 is most confident and 1 is hardly confident?”
 - What would have to happen for you to go to ____ (a higher number)?

Evoking: Direct and Non Direct Interventions

- Non-Direct Interventions focus on attitudes, while Direct Interventions hone in on behaviors.

Non-Direct Interventions

- **Use simple reflection:** *“So, smoking smooths your nerves?”
“...helps you think clearer if you quit?”*
- **Probe priorities:** *“Which is the most important reason to smoke?
And what about the most important reason to think about quitting?”*
- **Use double-sided reflection:** *“On the one hand, smoking helps
you relax, but, on the other hand, you are concerned about the effects
of smoking on your son’s health.”*
- **Explore the future:** *“What do you think is going to happen to your
health in the future if you continue smoking over the next 5-10 years?”*
- **Acknowledge ambivalence:** *“So it makes you have some mixed
feelings about smoking?”*
- **Emphasize personal responsibility and choice:** *“It’s really up
to you to decide whether to think about your smoking and quitting.”*

Direct Interventions

- **Use benefit substitution:** *“I’m just wondering if there are some other ways that you could smooth your nerves?”*
- **Bring the future to the present:** *“Imagine that you developed a health problem caused by smoking sometime in the future. Suppose that happened now; what would you do?”*
- **Clarify values:** *“What is more important to you – smoking to relax or your son’s health?”*
- **Identify discrepancies:** *“But you are saying one thing and doing another.”*
- **Use differences in motivational reasons:** *“I am just wondering if you could take the energy that you use to protect your son’s health and protect your own health as well?”*
- **Reframe events or issues:** *“You say that smoking helps you relax but it’s really just a sign of nicotine addiction.”*

Is it OK if we talk about behavior change together?

What change are you contemplating and why would you want to make this change?

If you did decide to make this change, how might you go about it in order to succeed?

What are the three best reasons for you to do it?

How important would you say it is for you to make this change on a scale from 0 to 10 where 0 is not at all important and 10 is extremely important? (pause) And why are you at __ rather than a lower number or zero?

After you have listened carefully to the answers to these questions, give back a short summary of what you heard regarding the person's motivations for change.

Final question: So what do you think you'll do?



I think health care is more about love than about most other things. If there isn't at the core of this two human beings who have agreed to be in a relationship where one is trying to help relieve the suffering of another, which is love, you can't get to the right answer here.

Donald Berwick, MD

Questions/Discussion



Learning MI – consider:

- Attend a training workshop (CME)
- Read: Miller, Rollnick, others.
- Record your real plays or a clinic visit (after consent obtained) and then:

Reflect and rate yourself.
Send to your MI coach via dropbox.

- Develop a learning plan and a timetable
- www.motivationalinterviewing.org



Commitment to Act

Based on our work together today, list two things you intend to do differently, enhanced or anew.

