


Using Motivational Interviewing Skills to Impact Health Outcomes



**NSI STRATEGIES**  
Consulting Support for Integrated Healthcare Environments

NSI Strategies Integration Express Webinar Series

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### Objectives

- Review fundamental processes of Motivational Interviewing (MI)
- Review key principles of MI skills and tools for treating chronic health conditions
- Demonstrate an understanding of advanced MI concepts and strategies
- Apply techniques for removing barriers to mobilizing patients' motivation
- Examine sustaining talk and discord, including how to manage and work with clients
- Overview of Diabetes and role of Behavioral Health



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**Behavioral Health**

- Maintain healthy coping skills
- Role of relationship
- Emotional dimensions of chronic conditions are overlooked
- Medication adherence
- Coordination of care
- Involving the family

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Motivational interviewing is a collaborative, person-centered, guiding method designed to elicit and strengthen motivation for change.

*Miller & Rollnick, 2012*

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**Supporting the Relationship with Listening and Hearing**

- Commitment
- A suspension of judgments, perceptions, thoughts, diagnosis, evaluation, formulation, and conclusion
- Can be self sacrificing
- Takes energy
- Takes belief

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### Cleaning the lenses

- Our training
- Fundamental Attribution Error

The 'fundamental attribution error' involves neglecting contextual causes of behavior...We tend to see the behavior of people as being due to their personality traits, abilities, or preferences. We are capable of completely ignoring situational factors that are the real determinants of behavior.

**PROFESSOR RICHARD NISBETT**

ALL-ABOUT-PSYCHOLOGY.COM

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### What is Your View?



Deficit	Competence
<input type="checkbox"/> Insight & knowledge is lacking	<input checked="" type="checkbox"/> Capacity to change is within
<input type="checkbox"/> Telling	<input checked="" type="checkbox"/> Asking and listening

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### MI is about making a cultural shift

From feeling responsible for changing another person's behavior...

to

supporting them in thinking and talking about their own reasons and means for behavior change.

Addiction Technology Transfer Center (ATTC)

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### What is Motivation?

- A person's state of readiness for change
- Malleable- it's dynamic and fluctuating
- Modifiable- it can be nurtured or hampered
- Affected by external factors
- Particularly sensitive to interpersonal interactions with people in our lives who we consider to be influential



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Point of recognition: "Something needs to change"

Pre-contemplation

Contemplation

Preparation

Action

Maintenance

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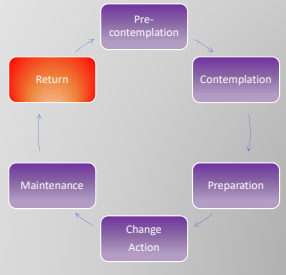
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### Stages of Readiness for Change



```
graph TD; Pre[Pre-contemplation] --> Cont[Contemplation]; Cont --> Prep[Preparation]; Prep --> Act[Change Action]; Act --> Maint[Maintenance]; Maint --> Ret[Return]; Ret --> Pre;
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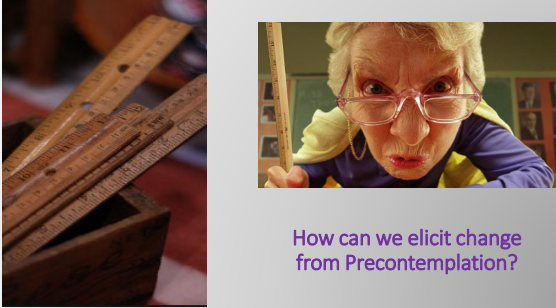
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**How can we elicit change from Precontemplation?**

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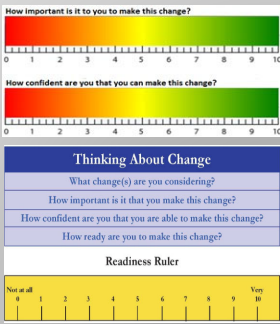
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### Moving from Precontemplation to Contemplation

**Readiness Ruler**

- Lower numbers represent no thoughts about change and the higher numbers represent specific plans or attempts to change.
- Ask the client to indicate a best answer on the ruler to the question
- **"How important is it for you to change?"**
- **"How confident are you that you could change if you decided to?"**
- Points in Precontemplation will be at the lower end of the scale, generally between 0 and 3.
- You can then ask, "What would it take for you to move from an x (lower number) to a y (higher number)?"



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## Contemplation

- **Ambivalence:** The inability or reluctance to commit to a course of action
- **Feeling stuck**
  - Decisional balance
  - Price of change vs price of maintaining the status quo
  - Cognitive dissonance; discord—Do what I need to quell a lack of agreement or harmony
- Awareness brings in what was being protected the old defense
- **Consciousness Raising** is a process in which the individual needs to increase his or her awareness about the negative consequences, the causes, and the cures of the problem behavior
- If the individual has found and tapped into a personal place of motivation and is now starting to "see" things differently, these can be times filled with guilt ... shame ... hopelessness ... and desperation. Reality bites.
- **This is a time our relationship becomes critical. We hold space, walk with our patient as they navigate this crossroad and threshold crossing.**

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### Preparing for "Resistance"

- Non – Compliance
- Not engaged
- No Show
- Frequent flyer



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### Resistance ...or discrepancy?



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### Change Talk/Sustain Talk

- Words that a person uses to make their own argument for change
- Words that give voice to one's motivation
- The dance partner of Change Talk is Sustain Talk



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### Resistance ...or discrepancy?




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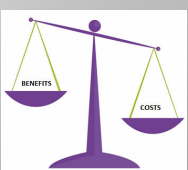
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### Contemplation Strategies: Cost Benefit Analysis

**Decisional balance** - comparison of the strength of perceived pros of the target behavior with the perceived cons.

<p>Cost of doing...</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol> <p>Cost of not doing...</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	<p>Benefits of doing...</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol> <p>Benefits of not doing...</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>
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The relative weight people assign to the pros and cons of a behavior influences their decisions about behavior changes (Janis & Mann)

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### Contemplation Exercises - A new language, a new approach

- "Why do you want to change at this time?"
- "What were the reasons for not changing?"
- "What would keep you from changing at this time?"
- "What are the barriers today that keep you from change?"
- "What might help you with that aspect?"
- "What things (people, places and behaviors) have helped in the past?"
- "What would help you at this time?"
- "What do you think you need to learn about changing?"

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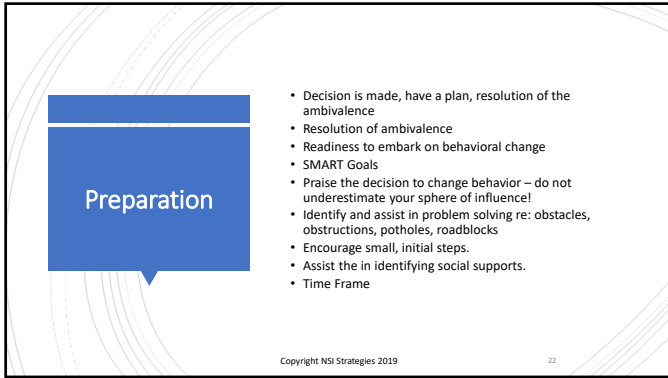
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**Preparation**

- Decision is made, have a plan, resolution of the ambivalence
- Resolution of ambivalence
- Readiness to embark on behavioral change
- SMART Goals
- Praise the decision to change behavior – do not underestimate your sphere of influence!
- Identify and assist in problem solving re: obstacles, obstructions, potholes, roadblocks
- Encourage small, initial steps.
- Assist the in identifying social supports.
- Time Frame

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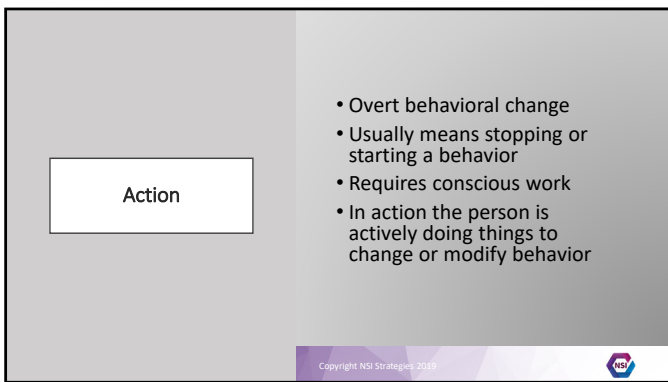
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**Action**

- Overt behavioral change
- Usually means stopping or starting a behavior
- Requires conscious work
- In action the person is actively doing things to change or modify behavior

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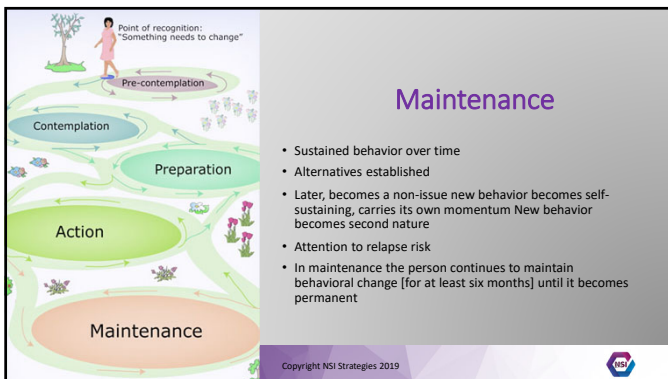
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**Maintenance**

Point of recognition: "Something needs to change"

Pre-contemplation  
Contemplation  
Preparation  
Action  
Maintenance

- Sustained behavior over time
- Alternatives established
- Later, becomes a non-issue new behavior becomes self-sustaining, carries its own momentum New behavior becomes second nature
- Attention to relapse risk
- In maintenance the person continues to maintain behavioral change [for at least six months] until it becomes permanent

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### Adapting to the Primary Care Milieu

- Behavioral health shifting into the primary care environment
  - Speed
  - Language
  - New roles
  - New levels of collaboration
  - Pro-active from re-active and "selling" our services
  - Short term brief interventions
  - Ability to diagnose

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### Behavioral Health - Diabetes

Diabetes

- Chronic disease characterized by elevated blood glucose levels
- Glucose digested from food - unable to enter the body's cells for energy because insulin is necessary for this process
- Between 1980 and 2011, the percentage of the population with diagnosed diabetes increased 167 percent for people ages 44 and younger and between 118 percent and 140 percent for those in other age groups.
- Diabetes now affects 11.3 percent of the population ages 20 and older—nearly 26 million people
- Another 35 percent have prediabetes (approximately 79 million adults). Prediabetes increases the risk for type 2 diabetes



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### Behavioral Health - Diabetes

**Type I Diabetes**


- pancreas does not make enough insulin or stops making insulin completely; glucose remains in the bloodstream rather than transferring into the cells.
- A pt with type 1 diabetes must be given insulin to live
- This form of diabetes most often begins early in life and appears to have both genetic and environmental causes.

**Type II Diabetes**

- More common than type 1
- In the individual with type 2 diabetes, insulin becomes less effective at helping transport blood glucose into cells.
- If the disease is untreated, over a period of years the cells become progressively more resistant to insulin, even as the pancreas makes increasingly larger amounts of the hormone to compensate.
- The overworked pancreas can deteriorate to the point where it stops producing insulin altogether
- Strong genetic component
- Other risk factors for type 2 diabetes include being overweight, having had gestational diabetes (diabetes that is diagnosed for the first time during pregnancy), lack of physical activity, and being a member of certain races/ethnicities including African American, Hispanic/Latino American, American Indian, and some Asian American and Native Hawaiian or other Pacific Islander groups.
- Taking atypical antipsychotic medications is another known risk factor for type 2 diabetes

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## Signs and Symptoms of Diabetes

**Type 1 Diabetes**

- Frequent urination
- Unusual thirst
- Extreme hunger
- Unusual weight loss
- Extreme fatigue and irritability

**Many people with type 2 diabetes have no symptoms of the disease, or symptoms can be very mild**

If symptoms do occur, they can include:

- Any of the type 1 diabetes symptoms
- Frequent infections
- Blurred vision
- Cuts and bruises that are slow to heal
- Tingling or numbness in the hands or feet
- Recurring skin, gum, or bladder infections.

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## Acute Diabetes Symptoms

**Hypoglycemia**

- blood glucose levels are too low: it is the most common complication of insulin therapy
- headache, excessive perspiration, rapid heartbeat, lightheadedness, dizziness, and confusion
- Symptoms usually recede with the ingestion of sugar (e.g., candy, juice, glucose tablets)
- may be triggered by extended binge drinking with little food consumption
- if symptoms do not resolve quickly, immediate medical attention is required, because untreated hypoglycemia can lead to diabetic seizures, coma, and death.

**Hyperglycemia**

- blood glucose levels are too high
- Occurs for many reasons: undiagnosed or unmanaged, as a result of infection, or when triggered by substance use
- Can also occasionally occur despite good efforts at control.
- Can lead to a serious condition called ketoacidosis. It occurs when the blood contains high levels of ketones, which are substances produced when cells break down fat for energy because they cannot obtain glucose. High levels of ketones can be toxic. People with type 1 diabetes are at particular risk for ketoacidosis.
- Signs and symptoms such as fruity-smelling breath, nausea, vomiting, abdominal pain, rapid heartbeat, and difficulty breathing. Confusion, lethargy, and coma (sometimes leading to death) also may occur.
- This condition, which can be mistaken for alcohol intoxication = immediate medical attention.

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## A1C, Hemoglobin A1C, HbA1c, glycohemoglobin test

**Exhibit 3. Blood Test Levels for Diagnosis of Diabetes and Prediabetes<sup>1,14</sup>**

	A1C (percent)	Fasting Plasma Glucose (mg/dL)	Oral Glucose Tolerance Test (mg/dL)
Diabetes	6.5 or above	126 or above	200 or above
Prediabetes	5.7 to 6.4	100 to 125	140 to 199
Normal	About 5	99 or below	139 or below

Definitions: mg = milligram, dl = deciliter  
For all three tests, within the prediabetes range, the higher the test result, the greater the risk of diabetes.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4282212/>

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**Keeping glycemic control**

- Diet
- Exercise
- Co-morbidities
- Frequent checking of blood glucose levels using a glucose monitor

We can bring in our skills!

- Behavioral Activation Planning
- Cognitive Behavioral Therapy
- Stress Management

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**Diabetes is linked with Behavioral Health**

- Complex and Reciprocal Relationship
- Co-morbidities – impact whether a patient will be properly treated just as behavioral health is associated with other disparities
- Rates of severe psychological distress are twice as high in people with diabetes compared with the rates among those without the disease
  - Connected to negative outcomes



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**Diabetes is linked with Behavioral Health**

**Depression**

- Diabetes increases risk for depression (double the risk!)
- A person with depression faces a 60% increase in risk for type 2 diabetes
- Impact of depression on glycemic control

**Anxiety**

- Elevated risk for anxiety disorders
- Triggered by burdens of managing a chronic disease, having to inject insulin, fear of symptoms
- Trigger obsessive-compulsive behaviors, phobic avoidance of behaviors



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### Substance Use

- Impede personal diabetes management
- Risk for other diseases and infections (IV drug use, severe alcohol use)
- Based on the 2006 to 2010 National Surveys on Drug Use and Health, more than one-third of people with diabetes ages 18 to 25 engage in past-month binge drinking,43 which puts them at risk for acute and long-term diabetes complications.
- In a study of nearly 66,000 adults with diabetes, adherence to diabetes self-care behaviors was inversely correlated with alcohol consumption; rates of nonadherence among people who drink increased starting at just one drink per day, compared with the rates for people who do not drink or have stopped drinking



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### Behavioral Health makes a difference

- Managing a chronic health condition
    - How to manage
    - Skills to manage
    - Obstacles and obstructions to manage
  - An opportunity to practice whole health
  - Screen for diabetes, screen for SUDs, depression, anxiety
  - Utilize your integrated care team
  - Psycho Education – Educate staff and patients
  - Enhance Diabetes management skills, managing relapse
- Reinforce with clients who have diabetes the importance of steady adherence to their diabetes treatment plan (in terms of monitoring blood glucose levels, taking medications and insulin, and engaging in physical activity)
  - Emphasize to clients the importance of eating according to their diabetic meal plan at regular times and choosing healthy foods to manage weight, maintain glycemic control, and reduce the risk of diabetes complications while also supporting recovery
  - Reinforce education regarding the potentially adverse effects of alcohol use, especially binge drinking, on blood glucose levels.
  - Coach clients to address the psychosocial issues related to living with diabetes by using problem focused coping (identifying a specific source of stress and determining ways to reduce or eliminate it). Remind them that controlling stress can help them improve their glucose control and advance their recovery from behavioral health disorders.



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**Thank you!**



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**Resources**

- Academy of Nutrition and Dietetics <http://www.eatright.org/>
- American Association of Diabetes Educators <http://www.diabeteseducator.org/>
- American Diabetes Association <http://www.diabetes.org>
- Centers for Disease Control and Prevention, Diabetes Public Health Resource <http://www.cdc.gov/diabetes/>
- National Diabetes Education Program <http://www.ndep.nih.gov>
- National Diabetes Information Clearinghouse <http://diabetes.niddk.nih.gov>
- National Institute of Mental Health <http://www.nimh.nih.gov>

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