

Main Course: Self-Management Support and Motivational Interviewing

CSMA Annual Conference September, 2011
Vicki Wildman, RN, MSN, Edu., Statewide Education
Iowa Health Home Care

Objectives

The participant will be able to:

- List two evidenced-based theories that facilitate behavior change
- Identify five case manager roles when providing self-management support
- Examine miss-conceptions related to the individual's non-adherence to their plan of care
- Demonstrate how to use motivational interviewing tools in case management practice

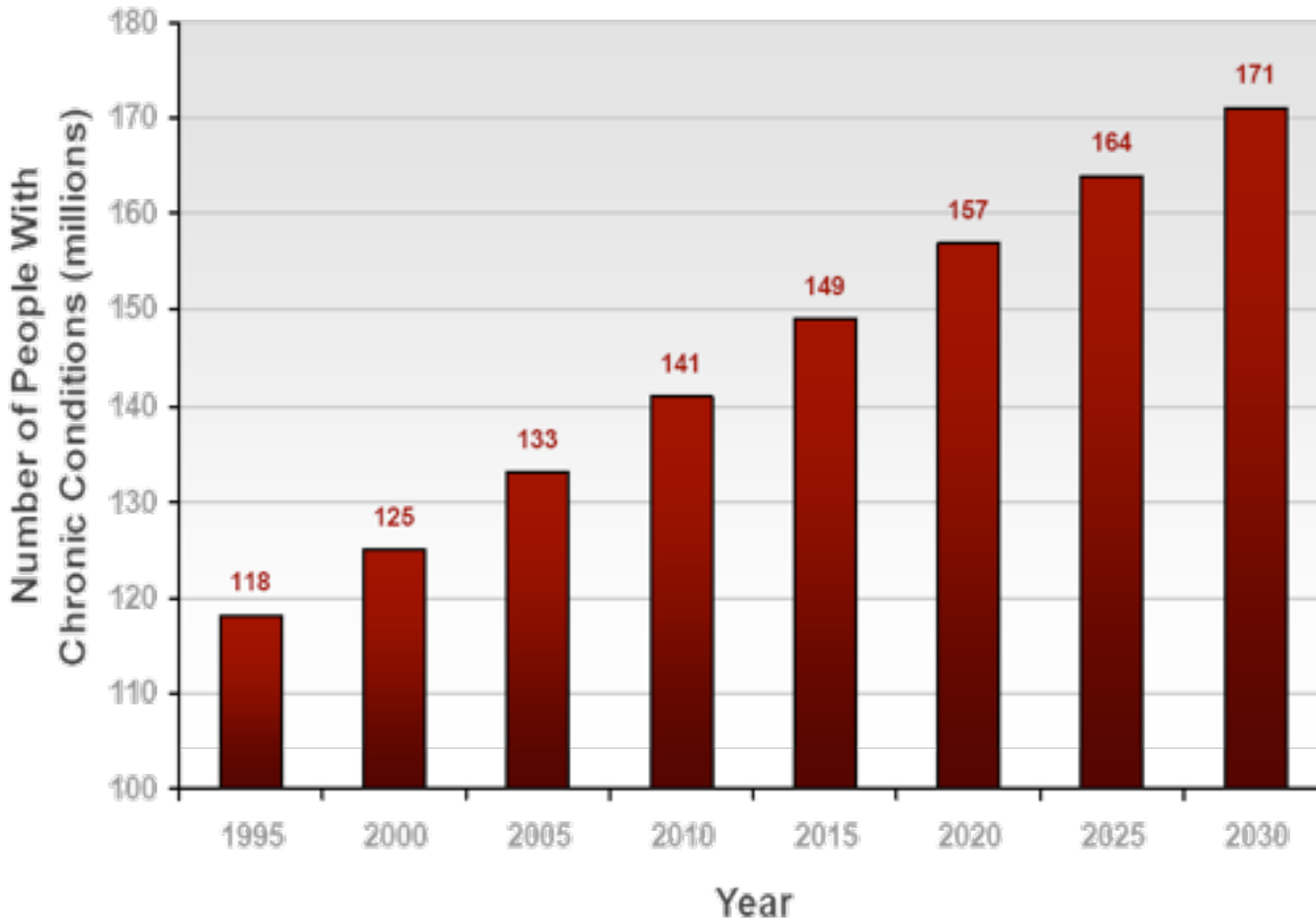
Frontline Reality Check

- Changing today's healthcare delivery methods
- Increasing incidence of chronic disease
- Increasing demands to provide complex care
- Changing methods to meet the demand of patients served
- Addressing poor self-management
- Implementing evidence-based guidelines



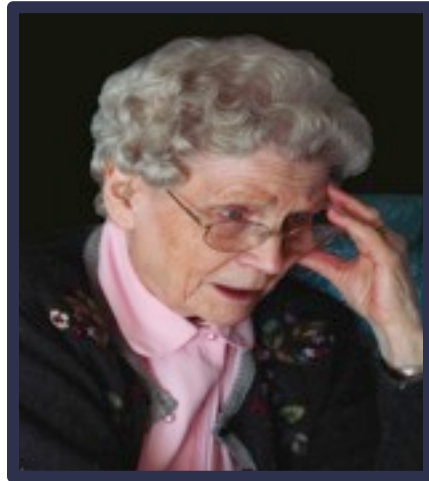
3 cups of water

The Number of People With Chronic Conditions Is Rapidly Increasing



Source: Anderson, G.; Chronic Conditions: Making the Case for Ongoing Care; Johns Hopkins University; November 2007

The Life of a Patient: Complexity of Care



Source Johns Hopkins, RWJ 2010 (G Anderson)

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“Patients can undo a month’s worth of expensive and intensive care just going home and going about their normal routines.”

John Charde, MD
VP Strategic Development, Enhanced Care
Initiatives, Inc (April 2006)

½ cup of wild rice,
rinsed in warm water

Disease Management is Problem

Chronic care disease management

- Problem solving skills
- Behaviors that affect health
- Decisions that affect health
- Self-management
- Improve confidence yields better outcomes



Behavior Change
Is Hard!

1 ½ cup of
chopped celery

What Theorists Say About *Why* People Change Behavior



They value the change

They see change as relevant

They see change as important

They believe they can do it

They are ready to do it

They have a plan to do it

Evidence-Based Behavior Change

There is a science to behavior change

- Understanding the patient's priorities
- Values
- Self-efficacy
- Development of new attitude
- Use of evidence-based techniques: Motivational Interviewing

4 cups of defatted and low salt
chicken broth heated

Activity:

Supporting Behavior Changes

- Select a learning partner to your right
- Decide who is person A and person B
- Person A and B write down 2 personal behavior changes to improve health
- The other person will choose one of your behaviors and list three things to help the other person to “change” to be healthier
- Switch roles
- The other person will choose one of your behaviors and list three things to help the other person to “change” to be healthier
- Debrief

1 ½ cup of
chopped onion

Motivate to Self-Management

- What is Self-Management?
Supportive interventions to increase patients' *skills* and *confidence* in managing their health problems
- How can we help motivate others to make behavior changes because they want to?
- How can I empower others to self-manage their disease processes?

3 cups of sliced mushrooms

Five Key Case Manager Roles

- Build Trust
 - Collaborative approach
 - Define problems/concerns
 - Omit patient non-compliant misconceptions
- Identify Barriers
- Find Relevance
 - Regular assessment
- Build Confidence
 - Goal setting
- Plan for Action
 - Problem solving support
 - Follow up

Source: Institute of Medicine, 2001

1/2 c. wild rice, rinsed
well in warm water

Motivational Interviewing Is A

Rollnick, Miller, and Butler: Motivational
Interviewing in Healthcare. 2010

2 cups chopped cooked
turkey

Motivational Interviewing Is A

- Client-centered

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- Most effective approaches for individuals who are “stuck”, not ready to change, or appear less motivated to change

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- Improves patient outcomes

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The Four Basic Principles of Motivational Interviewing

**Express
empathy**

Method

**Use
reflective
listening**

**Develop
discrepancy**

Method

**Reflect
change talk**

**Roll with
resistance**

Method

**Accept pt's
point of view
never argue**

**Support
self-efficacy**

Method

**Structure
mastery
experiences**

The *patient* ultimately is responsible for making behavior change



The clinician shares the responsibility with the patient through a therapeutic partnership

1 cup low-fat or skim milk

What Does a Therapeutic

Demonstrates a style that is:

- Empathetic
- Non-authoritarian
- Supports patient's autonomy
- Collaborative-each has expertise
- Non-argumentative
- **Non-judgmental**
- **Curious**



1 tbsp. canola oil

Key Case Manager Role: Build Trust

Learn from the expert and build trust

- Acceptance of who they are & not judging their behavior
- Listening more than talking
- Valuing them as a person
- Collaborating as a partner

Use open-ended questions

Getting to know them

What are their personal goals and aspirations for their future?

How has living with a chronic disease impacted their life?



½ tsp. salt (optional)

Communication Skills for MI

OARS

- Open-ended questions
- Affirm positive talk and behavior
- Reflect what you are hearing and seeing
- Summarize what has been said

Source - <http://www.motivationalinterview.org/clinical/interaction.html>

1/8 tsp. black pepper
(optional)

Engaging Your Patient.. Using Targeted **O**pen Ended Questions

- Tell me your story. What has happened since...
- Tell me what it is like to have diabetes.
- How is your heart failure affecting your life?
- Tell me how your life is different as a result of your pulmonary disease.
- What do you know about heart failure?
- What is bothering you the most since you got out of the hospital?
- What would you like your life to be like 3 months from now? A year from now?



Affirmations

- Statement of recognitions of patient's strengths
- Builds confidence in ability to change
- Recognize patient's previous efforts to change –no matter how big or how small
- Must be genuine



Combine rice and water in pan and bring to a boil. Cover and cook over low heat for 40 to 45 minutes or until rice is tender. Drain off excess water.

Reflective Listening: Two Different Objectives

Listening for understanding – to make sure you understand their point of view and how they are being affected - (empathy)

Listening to identify change talk so you can reflect that back (developing discrepancy)



Begin by being an effective listener

Melt butter in large pot. Add onions, celery and mushrooms. Cook until vegetables are crisp-tender, about 5 minutes. Add water if necessary to prevent scorching

Summaries: Bringing Listening to a

- Time to summarize what you understood
- Longer form of reflective listening
- Ensures clear communication
- Use before changing to another topic
- Can use to highlight both sides of a patient's ambivalence
- Acknowledge the value of what you have heard
- Express interest in continuing to talk about this next time

In a blender, combine 1 cup cooked rice, and 1 cup hot chicken stock. Blend until completely smooth.

Key Case Manager Role: Identify Barriers

- **OARS Uncovers**
- **Barriers to Behavior Change**
 - Understanding
 - Financial constraints
 - Energy level (depression)
 - Support system
 - Problem solving ability
 - Relationship with healthcare provider
 - **Importance** and **confidence**
 - **Ambivalence**: Many simply lack confidence in their abilities and that contributes to ambivalence



Becoming A Detective

Let's Talk About A Very Common and Important Barrier - **Ambivalence**



The coexistence within an individual of positive and negative feelings toward the same action, simultaneously drawing him or her in opposite directions



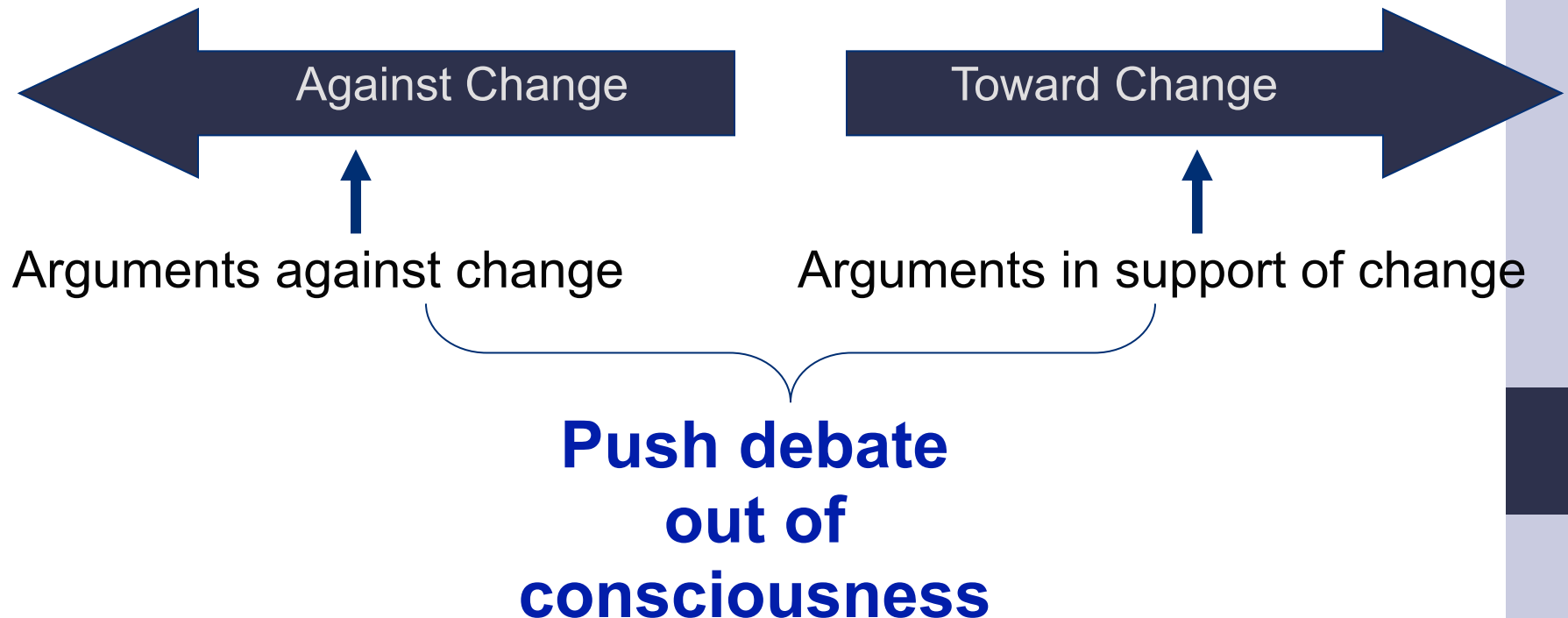
Add to the vegetable mixture along with remaining chicken stock, rice and chopped turkey.

Examples of Ambivalence

- *“I know I should wear my oxygen to the grocery store, **but** I am embarrassed by it.”*
- *“I know I should eat low salt foods, **but** they taste bland.”*
- *“ I know I should check my blood sugar, **but** I don’t think it really matters.”*
- *“I know I should eat right, but at my age what makes the difference.”*

Ambivalence is Normal

Ambivalence makes change possible
It is the precursor to positive behavior change
when there is trust

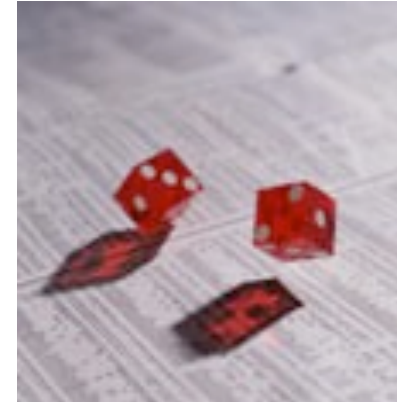


Four Categories of Resistant

- Arguing
 - Challenging
 - Discounting
 - Hostility
- Ignoring
 - No response
 - Sidetracking
 - Avoiding eye contact
- Denying
 - Blaming
 - Disagreeing
 - Excusing
 - Minimizing
 - Unwillingness to change
- Interrupting
 - Talking over
 - Cutting off

Meeting Resistance “Roll with It” ...

- Use reflective listening
- Acknowledge & validate how difficult it is to change life long behaviors
- Focus on the relationship rather than the change
- “Back off”-ask open ended questions, don't pressure or preach
- Clarify decision is ultimately the patient's



Cook for 30 minutes over medium heat, stirring often to prevent sticking. Add the milk, salt and

Pros & Cons Tool

Facilitates exploration of ambivalence & problem solving by the patient.

Pros	Cons

Pros	Cons

MI Activity: Ruler use to assess importance and confidence for making a behavior change.



1. Have the patient rate the level of importance for the specific behavior change.
Level of importance is: _____
If they rate it low- for example 2- ask why they didn't rate it lower.
Ask the patient what it would take to move it to a _____ (higher number)
2. Have that patient rate level of confidence for the specific behavior change.
Level is _____
If they rate it low—for example 2—ask why they didn't rate it lower.
Ask what would it take to move it to a _____(higher number)

Key Case Manager Role: Build Confidence and Plan for Action

Set SMART Goals

- **S**pecific:
- **M**easurable:
- **A**ttainable
- **R**elevant
- **T**ime bound

Follow up and follow through:

- Agree upon a time to follow up with the progress
- Address if goal was met
- If goal was not met; what barriers may have gotten in the way? Can it be modified? Do they need a new goal?

Activity:

Supporting Behavior Changes

- Putting it all together
- DARN SMART OARS
- Same learning partners
- Select one of the previous behaviors mentioned
- The other person will facilitate and assist with completing the worksheet

Makes 6 1/2 cups. 190 calories, 28 milligrams cholesterol, 5 milligrams fat, 340 milligrams sodium.

In Summary: Answering the Call

- *If we can **envision**...A patient-centered healthcare system that is accessible, affordable, sustainable and provides the best care in the world, and...*
- *If we can **embrace**...A blueprint for genuine reform that has immediate, real-world applicability with specific action steps for today, as well as clearly defined long-term objectives for the future, and...*
- *If we can **embark**...On a journey with colleagues in the pursuit of excellence for those we are privileged to serve, and...*
- *If we can **propose**...That homecare providers are in a unique position to reform healthcare delivery by starting with integrated chronic care management...*
- *When we succeed, we will have delivered meaningful healthcare reform and restored hope for those we are committed to*

Motivational Soup

1/2 c. wild rice, rinsed well in warm water
3 c. water
1 tbsp. canola oil
1 1/2 c. onion, chopped
1 1/2 c. celery, chopped
3 c. mushrooms, sliced
4 c. de-fatted chicken broth, heated to simmering
2 c. cooked turkey, chopped
1 c. low-fat milk
1/2 tsp. salt (omit if using salted stock)
1/8 tsp. fresh ground black pepper

- Combine rice and water in pan and bring to a boil. Cover and cook over low heat for 40 to 45 minutes or until rice is tender. Drain off excess water.
- Melt butter in large pot. Add onions, celery and mushrooms. Cook until vegetables are crisp-tender, about 5 minutes. Add water if necessary to prevent scorching.
- In a blender container, combine 1 cup cooked rice, and 1 cup hot chicken stock. Blend until completely smooth. Add to the vegetable mixture along with remaining chicken stock, rice and chopped turkey. Cook for 30 minutes over medium heat, stirring often to prevent sticking.
- Add the milk, salt and pepper just before serving. Makes 6 1/2 cups. 190 calories, 28 milligrams cholesterol, 5 milligrams fat, 340 milligrams sodium.

References

- Anderson, G. (2007). Chronic Conditions: Making the Case for Ongoing Care; Johns Hopkins University
- John Charde, MD (2006). VP Strategic Development, Enhanced Care Initiatives, Inc.
- E-how (2011). Motivational interviewing. Retrieved 8-21-2011 from, [Define Motivational Interviewing | eHow.com http://www.ehow.com/about_6638009_define-motivational-interviewing.html#ixzz1ViTI9dMY](http://www.ehow.com/about_6638009_define-motivational-interviewing.html#ixzz1ViTI9dMY)
- Institute of Medicine (2001). Motivational Interviewing.
- Miller, W., & Rollink, S. (2010). What makes it motivational interviewing? [Presentation]. Retrieved August 21, 2011 from http://www.motivationalinterview.org/quick_links/about_mi.html