Motivational Interviewing in Chronic Diseases

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Motivational Interviewing in Chronic Diseases

• Presenter Names: Janelle W. Coughlin, Ph.D. & Megan Lavery, Psy.D.

• As previously disclosed, these are the companies with which I have a financial or other relationship(s):

NONE
Objectives

• To discuss components of MI and how they can be useful in treating chronic diseases

• To briefly summarize exemplary studies that used MI in combination with behavioral strategies to address chronic conditions

• To explore how using MI could play a role in your work with patients
Chronic Diseases

- Obesity
- Diabetes
- Hypertension
- Psychiatric Illness/Behavior Disorders
- Substance Abuse
- Nicotine Dependence
- Etc…
What Do We Normally Say to Our Patients About Managing Their Chronic Diseases?

- You need to take your medication every day.
- You need to follow a (low carb...low fat...) diet.
- This is a problem. You have to address it now!
- You have to exercise three to four days per week.
- I am going to write you a prescription to help you quit smoking. Let’s set a quit date!
Advice Giving

• Providers have traditionally been trained to facilitate change through advice giving
  – Provider is the expert
    – Provides information
    – Persuades the patient to change
  – Patient listens to advice

• This style may work for someone who is unaware of appropriate treatment recommendations
  – If we’re lucky, information alone facilitates change
    – Win/win
Please think of something in your life at this moment that you are thinking about changing at some point.
Advice Giving

• Advice giving and information alone tends to be ineffective when focusing on behavior change.
Chronic Disease Management Typically Involves Multiple Behavior Changes
Motivational Interviewing

• Technical definition: A collaborative, goal-oriented style of communication with particular attention to the language of change, designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.
Research on MI

• Several studies have shown that an MI style promotes greater dietary adherence and weight loss
  – In primary care practice
    – Greater improvements in fat and fiber intake, confidence in ability to improve nutrition, and weight loss (Cox et al., 2011; Pollak et al., 2010)
  – In dietary practice
    – Reduction in % energy from fat (Bowen et al., 2002; Brug et al., 2007)
Meta-analysis

• 11 RCT’s (Armstrong et al., 2011)

• MI associated with significantly greater reduction in weight and BMI compared to controls

• Those demonstrating the greatest weight loss used MI AS AN ADJUNCT TO BEHAVIORAL STRATEGIES
  • DiLillo & Smith West, 2011

Behavioral Strategies

• Dietary & PA goals
• Self-monitoring
• Stimulus control
• Problem solving
• Increase self-efficacy and social support
• Relapse Prevention
Prominent Large-scale Obesity Trials Including MI
Lessons Learned

• Unlearning advice giving and playing the “expert role” is challenging
• Skill development is not a one-shot event but an ongoing process
  — MINT
• Ongoing feedback and coaching are important in learning and need to be based on observed practice
  — MITI-3
The Big Question:

Given this research and our own clinical experiences with nonadherence and inconsistent change, how can we better help our patients with chronic diseases?
<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation</td>
<td>No intention to change in foreseeable future; Usually feel coerced or threatened by treatment</td>
</tr>
<tr>
<td></td>
<td>“My diabetes is not a problem. I don’t need to make any changes and I don’t want medication. I am more than fine”</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Pt is aware problem exists; Seriously considering change but no commitment</td>
</tr>
<tr>
<td></td>
<td>“I know I need to take my psych meds, but I really can’t remember every day. Plus, they make me feel funny and there are too many side-effects.”</td>
</tr>
<tr>
<td>Preparation</td>
<td>Intending to take action in the next month; May report small changes (“baby steps”)</td>
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<tr>
<td></td>
<td>“I told my doctor that I was thinking about quitting cigarettes to help my COPD. He prescribed me Chantix.”</td>
</tr>
<tr>
<td>Action</td>
<td>Modify behavior, experience, or environment; Overt behavior change; 1 day-6 months</td>
</tr>
<tr>
<td></td>
<td>“I have not used alcohol in one month. I told my friends who I usually go to the bar with that we have to start doing other things together.”</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Work to prevent relapse and consolidate gains; Can be considered to last a lifetime</td>
</tr>
<tr>
<td></td>
<td>“I’m here to prevent myself from slipping back to my old way of eating.”</td>
</tr>
<tr>
<td>Termination?</td>
<td>No longer work to prevent relapse; Total confidence across all high risk situation</td>
</tr>
<tr>
<td></td>
<td>“I feel completely confident that I won’t ever use alcohol again. I have shown myself I can really do this.”</td>
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</table>
Challenge:
Stage Matched Treatment

• Action orientated treatments often have high drop out rates

• Treatment programs designed to help patients progress just one stage a month can double chances of patients taking action on their own in the future

• Mismatching stage and intervention
  – Vast majority of patients are not in Action stage
  – YET out treatments often focus on Action

With chronic diseases, we are often asking patients to engage in consistent change RIGHT NOW
MI First Phase

Increase intrinsic motivation for change

—Examining and resolving ambivalence, enhancing the importance of change and bolstering self-efficacy

—OARS:
  —Open ended question
  —Ambivalence discussion/Affirmations
  —Reflections
  —Summarizing
## Integrating MI into Practice

<table>
<thead>
<tr>
<th>Closed</th>
<th>Open-ended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you consuming 80 grams of protein a day?</td>
<td>Tell me more about how you’re paying attention to protein?</td>
</tr>
<tr>
<td>How many meals are you eating a day?</td>
<td>What does a typical day look like for you?</td>
</tr>
<tr>
<td>Are you exercising?</td>
<td>How is being physically active going?</td>
</tr>
<tr>
<td>Did you try the portion control strategies we discussed last time we met?</td>
<td>Last time we met, we discussed ..... Tell me how that went?  What went well? What got in the way?</td>
</tr>
<tr>
<td>I want to refer you to our psychologist.</td>
<td>It sounds like you are really struggling. I’ve found ..... What do you think?</td>
</tr>
</tbody>
</table>
Integrating MI into Your Practice

• Eliciting Change Talk and Actively Listening
  – Preparatory Change Talk
    – Desire
    – Ability
    – Reasons
    – Need
      – Why would you want to make this change?
      – What are the three best reasons for you to do it?
      – How important is it for you to make this change and why?

Miller & Rollnick, 2013
Integrating MI into Your Practice

• Eliciting Change Talk and Actively Listening
  – Implementing Change Talk
    – Commitment
    – Activation
    – Taking Steps
      – What do you intend to do?
      – What are you ready or willing to do?
      – What have you already done?
## Evoking Change Talk

<table>
<thead>
<tr>
<th>Recognizing Disadvantages of Status Quo</th>
<th>Expressing Optimism About Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>What difficulties have you had due to your weight?</td>
<td>How confident are you that you can stop using marijuana?</td>
</tr>
<tr>
<td>What do you think will happen if you don’t change anything?</td>
<td>Who could give you helpful support with quitting?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recognizing Advantages of Change</th>
<th>Expressing Intention to Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>What would be good about quitting smoking?</td>
<td>What are you thinking about using taking your high blood pressure medication at this point?</td>
</tr>
<tr>
<td>What would you like your life to be like 5 years from now?</td>
<td>I can see you are feeling stuck. What is going to have to change?</td>
</tr>
</tbody>
</table>
## Importance

<table>
<thead>
<tr>
<th>Change</th>
<th>PROS (BENEFITS)</th>
<th>CONS (COSTS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not change</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Importance

<table>
<thead>
<tr>
<th>Change:</th>
<th>PROS (BENEFITS)</th>
<th>CONS (COSTS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise for 30 minutes per day</td>
<td>Feel good; look better; heart healthier; less meds; doctor off my back</td>
<td>Tired; pain; my hair; less time with family; have to be seen by others</td>
</tr>
<tr>
<td>Not change:</td>
<td>More time with family; more sleep; less to buy; “more safe”; less to buy</td>
<td>Health will deteriorate; will regain all my weight; have to rebuy bigger clothes</td>
</tr>
<tr>
<td>No exercise</td>
<td></td>
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Cleveland Clinic
Challenge:
Trap of Taking Sides

Interviewer: It is clear to me that your weight and eating are problems. You are showing signs of obesity-related diseases.

Patient: What do you mean?

Interviewer: Well, you have struggled with hypertension for a long time and you now have sleep apnea. If your weight continues to increase, you could be at great medical risk and may need bariatric surgery. You really need to make some changes to your eating.

Patient: My weight is not a problem for me. I feel good in my body and am a great mom. I just really enjoy food.

Interviewer: This could become a very serious problem. You are lucky you do not have diabetes. It sounds to me like you have binge eating disorder; which is preventing you from living a healthy life.

Patient: Enjoying food does not make me a food addict.
MI Second Phase

Strengthen commitment to change
  * Considering change options

Negotiating a change plan
  * Consider change options
  * Identify goals
  * Make a specific plan
  * Check in on goals; Revise, Build on past successes
Chronic Disease Management Typically Involves Multiple Behavior Changes
Options Tool

- Exercise
- Alcohol
- portions
- Vitamins
- Junk food
- Protein
- Protein
- Sugar beverages
- caffeine
<table>
<thead>
<tr>
<th><strong>S</strong>pecific</th>
<th>What exactly will you do?</th>
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</thead>
<tbody>
<tr>
<td><strong>M</strong>easurable</td>
<td>How will you know if you meet your goal?</td>
</tr>
<tr>
<td><strong>A</strong>chievable</td>
<td>Is there anything that can stop you?</td>
</tr>
<tr>
<td><strong>R</strong>elevant</td>
<td>What about your goal makes it important to you?</td>
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<tr>
<td><strong>T</strong>imely</td>
<td>When do you want to complete your goal?</td>
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Confidence Assessment…
<table>
<thead>
<tr>
<th>Stage</th>
<th>MI-Based Strategies</th>
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<tbody>
<tr>
<td>Contemplation</td>
<td>Increase Self-Confidence</td>
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<tr>
<td>---------------</td>
<td>----------------------------------------------------------</td>
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<tr>
<td>Explore it!</td>
<td>Normalize ambivalence</td>
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<tr>
<td></td>
<td>Enhance commitment</td>
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<tr>
<td></td>
<td>Explore barriers and self-efficacy</td>
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<tr>
<td></td>
<td>Identify pros of changing behavior</td>
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<tr>
<td>Preparation</td>
<td>Help Explore Change</td>
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<tr>
<td>Solve it!</td>
<td>Clarify goals</td>
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<td></td>
<td>Explore several options</td>
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<tr>
<td></td>
<td>Reinforce personal choice</td>
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<td></td>
<td>Practice skills</td>
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<tr>
<td></td>
<td>Negotiate a plan</td>
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<tr>
<td>Action</td>
<td>Facilitate Commitment to Change</td>
</tr>
<tr>
<td>Keep on it!</td>
<td>Reinforce commitment to change</td>
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<td></td>
<td>Affirm success</td>
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<td>Assist with problem-solving</td>
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<td></td>
<td>Support self-efficacy</td>
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<td>Identify resources</td>
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Challenge:
Spiral Pattern of Change

• Gains often not maintained on first try
  – E.g. smokers attempt an average of 4x action attempts before long term maintenance
• Relapse is the rule not the exception
  – 85% of relapsers will recycle back and then begin to plan next attempt
• Spiral
  – Progression through first five stages then relapse back to an earlier stage
  – Result is return to **precontemplation** stage
  – Each time relapser recycles potential learning from mistakes

Prochaska, Diclemente, & Norcross
Ambivalence is Normal!
Summary

• Fundamentally different from educational approaches:
  — Motivation is elicited from individuals rather than imparted by a provider
  — “People are more likely to be persuaded by what they hear themselves say”
  — Actively listening for change talk is essential
  — Do the prep work before setting goals

Miller & Rollnick, 2013
Thank you!