Motivational Interviewing to Improve Patient Adherence and Outcomes

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MOTIVATIONAL INTERVIEWING (MI): LEARNING OBJECTIVES

• Provide an understanding of how MI can improve patient adherence and health outcomes

• Offer and overview of the dimensions of the MI Spirit (i.e., partnership, acceptance, compassion, and evocation)

• Detail and practice the skills of MI
MI: DEFINITIONS

“A collaborative conversation style for strengthening a person’s own motivation and commitment to change.” (pg.12)

“Arranging conversations so people talk themselves into change based on their own values and interests” (pg. 4)

Miller and Rollnick, (2013)
MI: CHANGE TALK

Desire
Ability
Reasons
Need

Commitment
Activation
Taking Steps

= CHANGE
MI: EFFECTIVENESS

A multi-clinic primary care agency trained all staff in MI at half of their clinics. The clinicians in the MI clinics reported significant decreases in burnout scores, increases in self-rated MI skills, and greater staff cohesion as compared to the control group. In addition, their clients reported significantly higher satisfaction as compared to the control group.

Pollak et al. (2016)
MI: EFFECTIVENESS

MI produced better outcomes than educational/directive approaches in 75% of RCTs that evaluate BMI, BAC, hemoglobin A1C, total cholesterol, systolic blood pressure, and smoking.

Douaihy, Kelly, & Gold (2014)
MI: EFFECTIVENESS

A meta analysis of MI in 72 clinical trials for smoking cessation, diabetes, asthma, weight loss and exercise, and AOD found a significant effect in 74% of studies, 81% when MI used for one hour or more.

Rubak et al., (2005)
MI: SPIRIT

- Partnership
- Acceptance
- Evocation
- Compassion
MI: SPIRIT

**Partnership/Collaboration:** Actively Foster and Encourage Power Sharing so that Patient’s Ideas Substantially Influence the Direction and Outcome of the Session.

**Acceptance:** (4 Aspects)  
- **Accurate Empathy** to understand another’s internal perspective;  
- **Absolute Worth** to see the potential of all people;  
- **Autonomy Support** to appreciate another’s right and capacity to self-direction, and  
- **Affirmation** to seek and acknowledge person’s strengths and efforts.

**Compassion:** A Deliberate Commitment to Pursue the Welfare and Best Interests of Another Person. Do no harm

**Evocation:** Proactively Evoke Patient’s Own Reasons for Change and Ideas About How to Change.
3 Communication Styles in Healthcare:

**Directing**
- Provider determines the agenda/focus. Implies the practitioner is the expert and will fix the patient.

**Following**
- Extreme focus on patient’s priorities without any push/pull in specific direction. Listen and follow patients conversation wherever it takes you. Implies a trust in patient wisdom.

**Guiding → MI typically uses the guiding style**
- Collaborative search for direction, focus of treatment is *negotiated*. Exchanging Information: Elicit-Provide-Elicit
- Ask where the person wants to go; Inform the person about options; Listen/Respect what person wants to do and help accordingly
MI: PRINCIPLES AND STRATEGIES

- Develop Discrepancy
- Roll with Resistance
- Boost Self Efficacy
- Express Empathy
MI: 5 SKILLS

Open-ended questions
Affirmations
Reflective Listening
Summaries
Informing
Reflective listening is listening to language accurately, forming a reasonable guess as to what is being communicated and giving voice to that hunch in the form of a statement (Miller & Rollnick, 2013).
MI: COMPLEX REFLECTIONS

**Complex Reflection:** a major restatement to add meaning or emphasis, and/or to infer feelings

**Pt**) Person has anger in their voice as they state, “I can’t believe that you are going to stop prescribing me oxycodone.”
1) **Pt**) I know I should be exercising to help my diabetes but I am way too busy?

2) **Int**) How is it going with the medication?

   **Pt**) I don’t think as good, I think slower.
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REFERENCES


