Motivational Interviewing (part 3) and Physician Wellness

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Agenda

• 45-60 minutes Motivational Interviewing (recorded
  • Review of Motivational Interviewing
  • Counseling skills and interview structure
  • Example videos and discussion
  • Practice assignment?

• 30 minutes for discussion about physician wellness (not recorded)
  • Check in on current functioning
  • Plan for ongoing support
Thoughts about motivational interviewing?

Patient encounters when you might use this strategy?
What is Motivational Interviewing?

• A tool to use when education and telling a patient what to do is not working
Non-adherence

Lack of knowledge?
- Education

Logistical barriers?
- Problem solving

Readiness for change?
- Pre-contemplative
  - Focus on relationship
- Contemplative
  - Motivational Interviewing
- Determination/Action
- Problem solving

Relationship/Trust?
- Rapport building
Non-adherence

- Lack of knowledge?
  - Education
- Logistical barriers?
  - Problem solving
- Readiness for change?
  - Pre-contemplative
    - Focus on relationship
  - Contemplative
  - Motivational Interviewing
  - Determination/Action
  - Problem solving
- Relationship/Trust?
  - Rapport building
Stages of Change

- Pre-Contemplation
- Contemplation
- Determination/Preparation
- Action
- Maintenance
Stages of Change

- Pre-Contemplation
- Contemplation
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- Action
- Maintenance

Motivational Interviewing

Education and problem solving
Readiness Ruler

• Like the pain scale but a measurement of a patient’s stage of change

• “On a scale of 1 to 10, with 1 being not ready and 10 being very ready, how ready are you to change this behavior?”
Active ingredients of MI

1. Clinician Expression of Empathy
   • Listening and understanding the patient’s perspective

2. Patient Expression of Change Talk
   • The patient’s own reasons for change
Why should the patient change?  

How should the patient change?

*What are the patient’s answers to these questions?*
Core counseling skills of Motivational Interviewing: OARS

- Open-ended Questions
- Affirmations
- Reflections
- Summaries
Thoughts about motivational interviewing?

Patient encounters when you might use this strategy?
Five “A”s

• **Ask**
  • What is the current pattern of behavior
• **Advise**
  • What you recommend the patient to do
• **Assess**
  • Patient’s stage of change
  • Understanding of the problem
• **Assist**
  • Problem solving
  • Motivational Interviewing
• **Arrange**
  • Follow up
  • Resources
## Brief Negotiated Interview (BNI) Algorithm

<table>
<thead>
<tr>
<th>Step</th>
<th>Section</th>
<th>Question/Elaboration</th>
</tr>
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<tbody>
<tr>
<td>1)</td>
<td>Build Rapport</td>
<td>Tell me about a typical day in your life. Where does your current [X] use fit in?</td>
</tr>
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<td>2)</td>
<td>Pros &amp; Cons</td>
<td>Help me understand, through your eyes, the good things about using [X]. What are some of the not-so-good things about using [X]? So, on the one hand (PROS), and on the other hand (CONS).</td>
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<td></td>
<td>Summarize</td>
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<td>3)</td>
<td>Information &amp; Feedback</td>
<td>I have some information on low-risk guidelines for drinking and drug use, would you mind if I shared them with you? We know that drinking... * 4 or more (F) / 5 or more (M) drinks in 2 hrs * or more than 7 (F) / 14 (M) drinks in a week * having a BAC of ____ ...and/or use of illicit drugs such as ____... can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert medical information]. Elicit: What are your thoughts on that?</td>
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<td>4)</td>
<td>Readiness Ruler</td>
<td>This Readiness Ruler is like the Pain Scale we use in the hospital. On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your [X] use? Reinforce positives: You marked ____. That’s great. That means you are ____% ready to make a change. Ask about lower #: Why did you choose that number and not a lower one like a 1 or a 2?</td>
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<td>5)</td>
<td>Action Plan</td>
<td>What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don’t like about using [X]? Identify strengths &amp; supports: What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now? Write down steps: Those are great ideas! Is it okay for me to write down your plan, your own prescription for change, to keep with you as a reminder? Will you summarize the steps you’ll take to change your [X] use? Offer appropriate resources: I have some additional resources that people sometimes find helpful; would you like to hear about them? * Primary Care, Outpatient counseling, Mental Health * Suboxone, Methadone clinic, Needle Exchange, AA/NA, Smoking cessation * Shelter, Insurance, Community Programs * Handouts and information Thank patient: Thank you for talking with me today.</td>
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**Brief Negotiated Interview**

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- Shelter, Insurance, Community Programs  
- Handouts and information                                                                                                                                                               |
| Thank patient       | Thank you for talking with me today.                                                                                                                                                             |

BNI-ART Institute, www.bu.edu/bniart

Video examples

• Focus on two things:
  • What do you notice that is absent from these conversations?
  • What were the patient’s reasons for change? And for not changing?
Project for next session
References


