Expert Forum

IMID Connect NZ Meeting

Making Education Easy

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IMID Connect Motivational Interviewing trainers

Pascal Gache *Switzerland*
Pascal Gache is an internist specialised in the addiction field. He has been practising Motivational Interviewing (MI) for more than 15 years and training MI for the last 10 years. His interests are focused on MI in the medical settings with patients suffering of chronic illness such as diabetes, high blood pressure or chronic obstructive pulmonary disease. He has been involved in the AbbVie Connect Programme for more than 2 years.

Rik Bes *The Netherlands*
Rik Bes has a background in social work and criminal law. He is co-founder - with Professor Stephen Rollnick - of the Centre for Motivation and Change, which was established in 1997. Rik has been a member of MINT (Motivational Interviewing Network of Trainers) since 1995, and is currently senior advisor to the Board of Directors of MINT Inc. He has led the development of many online and offline MI learning programmes supporting healthcare professionals from a variety of specialties. He is the MI coordinator of the DERM Connect international program.

Helen Mentha *Australia*
Helen Mentha is a clinical psychologist with over 15 years experience in the community health and mental health settings, working with a broad range of complex presentations. Her background is in the alcohol and other drug field, where she worked as a counsellor, dual diagnosis clinician, supervisor and manager. Helen has been a member of MINT since 2007 and has trained MI extensively across Australia, for a broad range of professionals in diverse health care, mental health and corrections settings.

Kylie McKenzie *Australia*
Kylie McKenzie is a clinical psychologist and manager of the Psychology Department at a major Australian hospital. She has a particular interest in healthcare communication and promoting compassion and collaboration as central qualities of clinical communication in healthcare settings. Kylie is a member of MINT and has provided MI training to a wide variety of health professionals in Australia, the US and New Zealand.

Stan Steindl *Australia*
Stan is a clinical psychologist with broad experience spanning over 20 years in both public and private practice settings. His PhD examined MI techniques and cognitive-behavioural therapy in the treatment of combat veterans with comorbid post-traumatic stress disorder and alcohol dependence. Stan is an experienced presenter, an adjunct senior lecturer at the University of Queensland, and conducts regular workshops to a broad range of health professionals on MI and cognitive-behavioural therapy.

Welcome

to this review of the inaugural Immune Mediated Inflammatory Disease (IMID) Connect NZ meeting, held in Auckland in August 2013. The NZ IMID Connect Steering Committee (Drs Steven Lamb, David Rowbotham and Douglas White), together with AbbVie, organised this exciting multi-specialty event based around the concept of Motivational Interviewing (MI). This interviewing technique is a validated skill that enhances both patient and healthcare provider satisfaction with the clinical consultation, ultimately leading to improved patient outcomes. Highly experienced MI trainers, Pascal Gache (Switzerland), Rik Bes (The Netherlands), Helen Mentha (Australia), Kylie McKenzie (Australia) and Stan Steindl (Australia) delivered educational and thought-provoking sessions, enlightening participants on the principles of MI and how they may be employed in everyday practice.

This review summarises the introductory and workshop sessions presented at the meeting in order to give you a brief overview of the principles of MI. We have also included a number of specific examples to give you some ideas as to how you may effectively employ this type of patient engagement in your practice.

For more information on MI visit http://www.motivationalinterviewing.org/

What is Motivational Interviewing?

MI centres on understanding and affirming patient's needs and freedom of choice, monitoring the degree of readiness to change and engaging patients in a non-authoritative manner. MI is collaborative and evocative and has four principles: listening (and hearing), avoiding the 'righting reflex', supporting the patient and exploring and understanding the patient's motivation.

Communication can go wrong in many ways, but motivational communication and reflective listening can help avoid confusion by verifying what each participant has said and meant. MI is not a concept applicable just to the tertiary specialist or the difficult patient, but rather is applicable to every practising healthcare provider and covers every potential patient interaction.

The following four words sum up the spirit of MI: partnership; acceptance; evocation and compassion. The core skills of MI include: open questions; affirmations; reflections and summaries. The MI strategy is to engage, explore, reinforce and support the patient in their journey. The specific strategy employed at any particular time depends on where the patient is on the readiness scale (depicted below).

Patient's position in relation to change and relevant MI strategy

Common problems in consultations

Common problems for healthcare professionals are; limited time for consultations, difficult patients, difficult conversations, adherence issues and difficulties facilitating joint decision-making. Common mistakes are; to talk more than the patient, to push forward ones own agenda, to introduce too many changes at once and to try and fix the problem for the patient before they have really accepted that they have one. In these types of consultations the patient may say 'yes', but they don't really mean it. Furthermore, if you do not listen carefully you may well miss cues when the patient is ready for change.

How can Motivational Interviewing help you?

The technique of MI allows for quality engagement, helps with agenda setting, enables the patient to put forward a case for change and is a powerful tool for the optimal delivery of information and advice.

Communication style: The three basic styles of communication are – direct (teaching and instructing), following (listening, understanding and going along with) and guiding (a combination of the former two, which draws out, encourages and motivates). MI uses the guiding style of communication to draw out a patient's intrinsic motivation and strength, to ultimately lead to improved adherence and lifestyle changes without putting pressure on the patient. However, it is recognised that in some cases, and especially in a first consult to establish a diagnosis, a slightly more directive approach may be needed in order to get to the bottom of what the issue is.

Quality engagement: The first two minutes of patient engagement are of critical importance. During this time it is crucial that the patient does the majority of the talking and the healthcare professional the majority of the listening. One must listen reflectively and capture patient experience. The degree of empathy towards the patient is related to the degree of patient compliance. If there is little apparent empathy for the patient there may be discord and resistance.

Agenda setting: Think about what shall be discussed with the patient (medication, exercise, their concerns about side-effects, smoking, etc.). Develop an appropriate strategy with the patient.

Change talk: The case for change must come from the patient. Change talk is often embedded in a busy conversation and can be missed if one does not listen attentively. The healthcare professional's response to change talk is key and one must not let the opportunity pass to engage with the patient when they hear this type of talk. Ultimately, change talk centres around helping patients to develop and verbalise their positive thoughts on change, which increases the likelihood of change. Change involves contemplation, preparation and action. Preparatory change talk for patients involves them expressing a desire to change, then expressing the ability to change, then reasons for change and the need for change. Mobilising change talk involves commitment, activation and taking steps.

An example of change talk and an appropriate response:

Patient: *'Well no, I'm actually not that fine. It's easy for you to tell me to be more active but its hard, and **I do want to get better**, but even my partner can't persuade me to be a perfect patient, so you won't either.'*

Healthcare professional using active and reflective listening: *'You don't like all the pressure and at the same time you would like to find a way to get better.'*

Providing information: Become an artist at providing information. Determine what the patient knows, provide the information and then determine what the patient thinks, feels and might do.

Key points:

- You don't have to make change happen, in fact, you can't
- You don't have to come up with all the answers
- Don't wrestle with your patients – dance with them instead

Workshop 1: Challenging the time constraint

Rapid engagement

Good quality engagement is the basis of an effective consultation. Directive open questions are helpful, but remember to let the patient do the majority of the talking in the first two minutes of the consult. Do not attempt to solve the patient's problems. This most likely will engender resistance. Instead, find out what is important to the patient, make sure to validate their issues via reflective listening and show empathy in order to engage them.

Agenda setting

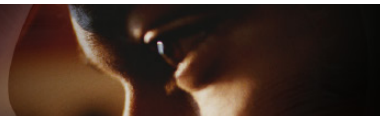
Once engagement with the patient has been achieved, one can start to focus the conversation towards specific issues and once those have been identified, one can move towards agenda setting. You will need to find a way of agenda setting that works for you and your patient. For follow-up appointments this could involve the use of a form given to the patient while they are in the waiting room, asking them *'What things do you specifically want to talk about in this consultation?'* If the patient has too many issues in mind, ask them to prioritise and maybe agree to discuss less urgent issues at the next appointment (continued agenda setting), and keep them focused during the appointment. If they have nothing specific that they want to discuss then it may be an opportunity to suggest discussing a specific issue that you would like to address with regard to their health. Remember to keep any questions short and open-ended, and be sure to listen to their agenda issues first. If you run out of time to address any of your agenda items, be sure to explain to the patient that you would like those items to be the first items on the agenda at the next visit. Furthermore, if a patient's agenda item does not fit within the realms of your practice, discuss with them who else may be best suited to help.

Giving information and advice

The ideal moment to give information and advice is when the patient is receptive and is expressly asking for such input. Unsolicited advice is rarely heard, remembered, absorbed or acted upon. Ascertain their current level of understanding about their disease and its management. Affirm what is right and address incorrect understandings, then provide new information. Ask them to explain any concerns about their health. Ask the patient's permission to give advice before delivering it. Where possible offer a menu of options, not just the advice you think is best. Indicate your preferred options, clearly stated with supporting evidence, but remember, the choice remains with the patient. Sometimes it may be effective to ask them what advice they would give their best friend if they were in a similar situation.

Key points:

- Take time to engage with the patient
- Use open-ended questions
- Let the patient do the majority of the talking in the first two minutes
- Elicit what is important to the patient and prioritise issues to discuss
- Make sure the consultation is dynamic and flexible
- Reflective listening and expression of empathy is crucial for quality engagement
- Give information and advice only when the patient is receptive



Workshop 2: Supporting non-adherent patients

Avoid the 'righting reflex'

Healthcare providers have a powerful desire to fix things and this may become automatic, like a reflex, hence the term the 'righting reflex'. Dr Bill Miller discusses the struggles associated with MI and the 'righting reflex' in an informative video available from http://vimeo.com/17685592. He points out that if one follows their helper instinct and tries to coax, coarse and confront people into changing, it can have the paradoxical effect of enlisting resistance, making it less likely that they will change.

Change talk and sustain talk

Sustain talk includes statements that support the status quo, like the following: *'I don't want to…'; 'I don't see how I could change'; 'I don't need to…'; I'm not ready to…'.* Change talk includes statements that support change, like the following: *'I want to…'; 'I could change'; 'I need to…'; 'I'm ready to…'* Asking open-ended questions such as: *How?; What?; Why?* and *'Tell me about…'* is a great way to elicit change talk. When change talk is apparent, it is crucial that the healthcare provider elaborates on it (ask open questions), affirms it, reflects upon it and summarises it with the patient. Reflection involves using a statement that expresses the content, meaning or feeling that the patient is expressing. Examples of reflective statements are: *'You're feeling like….'; 'It seems to you that…'; 'It sounds as if you…'.*

If you still don't hear change talk, reflect what you hear with empathy and compassion, and acknowledge personal autonomy – use a statement like *'What you do is up to you'.*

Examples of reflecting the change talk:

Patient: *'I like to be active, it is just that my work is so busy and I can't afford to get behind'.*
Healthcare professional: *'You like to be active, being active is important to you'.*

Patient: *'I find it hard to stick to the routine. I can do it, it just sucks that I have to'.*
Healthcare professional: *'It's great that you feel you can do it'.*

Patient: *'I was a bit worried at first, but the doctor said it was borderline, so it's not like I actually have diabetes'.*
Healthcare professional: *'So the thought of having diabetes concerns you'.*

Patient: *'I've got no more sick leave so I've got to go back to work, but I don't know if I can do it.'*
Healthcare professional: *'You're running out of sick leave, you're a bit worried about that, and you need to go back to work'.*

Key points:

- Use more open than closed questions
- Avoid the 'righting reflex'
- Express empathy (talk less than your patient does and reflect what your patient is saying)
- Elicit the patient's own reasons for change
- Listen for, elicit and emphasise change talk
- Use meaningful reflection, being careful not to just parrot back what the patient has said
- Don't steal all the good lines – let the patient take ownership of the positive ideas

Workshop 3: Making joint treatment decisions

Elaborating on readiness

Signs that the patient may be ready to shift from considering change to actually making it include decreased sustain talk and resistance, decreased focus on the problems, resolve (or sometimes resignation), increased change talk, questions about change, envisioning change, and experimenting or taking steps. When you hear a patient's readiness to change, identify and elaborate on it by summarising their point of view and any ambivalence. Offer objective evidence of the need for change and an assessment of their situation. Affirm their readiness. When you deem the patient to be on the verge of change, ask them the following types of questions *'What next?'; 'Given what you've said, what do you think you will do next?'; 'What's your next step?'.*

An example of summarising a patient's readiness to change:

'Let me see if I understand what you are saying. A lot of time has passed since the heart attack…too much time…and you haven't yet made the kind of changes you'd like to make. It's difficult; it's going to be a challenge for sure. On the other hand, you feel that it's really important to do something now, and with a little help, you're at a point where you're ready to give something a try. ***What do you think your next step will be?'***

Negotiating a SMART plan

A SMART plan involves **S**etting goals, presenting a **M**enu of options, **A**rriving at a plan, **R**e-affirming commitment and **T**aking action.

Setting goals: Open questions are a good way to access the patient's hopes and expectations, followed by good reflective listening to narrow these to specific goals. For example: *'What would you like to see change?'; 'What would you like to have more of? Less of?'; 'How would you like your life to be different?'*

A menu of options: Remember there is more than one right way! Be cautious not to be too directive. Ask the patient what they have already tried doing and add ideas. Another good approach is to brainstorm ideas with the patient, who can then choose the option that suits them best.

Arrive at a plan: Planning is a negotiated process in MI, with neither the healthcare professional nor the patient doing all the work. Be sure to respect informed choices. Assist your patient to consider the following: the steps of each option; difficulties they might encounter; how they might address these difficulties; what resources they might bring to this process and how they will evaluate the plan.

Reaffirm commitment: The final task prior to the patient proceeding to taking steps is to reaffirm commitment. At this stage, summarise the plan and then ask the patient a simple closed question such as *'Is that what you plan to do?'* Be aware that this is a natural point where ambivalence may resurface. If this occurs, try not to press for commitment, rather, explore the source of ambivalence. Make sure you enhance the patient's confidence and the importance of the change.

Key points:

- Recognise when the patient is ready to commit
- Reaffirm their readiness
- Work together to negotiate a SMART plan
- Reaffirm commitment, enhance confidence and the importance of the change

Workshop 4: Managing difficult patients and consultations

Signs of discord include arguing, interrupting, minimising, withdrawing and agreeing. If your patient says 'Yes, but…' it may be a sign that you are moving too fast, being too directive, sounding critical, or appear to not understand. Continuing with your approach will invite them to argue against the change. At this stage one must step back and change tack. Ask for the patient's perspective. It is important to work with difficulty, not on it. Try not to counter argue or persuade, rather, re-engage, show curiosity and reflect your understanding in order to bridge the gap with your patient. Acknowledge strengths or achievement, re-focus and listen for what the patient believes is possible. It is important to respect autonomy – acknowledge their personal choice. Look for the opportunity to move forward and focus on the positive.

Strategies for responding to discord:

> Show curiosity
When the client presents arguments against change, show curiosity in their perspective without judgement. Be careful not to dwell on sustain talk and look for opportunities to gently open up the possibility of change.

Patient: *'It's hard enough getting my daughter to go to school, I can tell you right now there is no chance she will take tablets.'*
Healthcare professional: *'You sound like you've given this some thought. What are your concerns?'*

> Simple reflection
A simple acknowledgement of the client's disagreement, emotion or perception.

Patient: *'Look, no offence, but that's just impossible.'*
Healthcare professional: *'That doesn't seem realistic to you.'*

> Amplified reflection
Slightly exaggerate what the client has said - this provides a chance for the client to consider if this is what they really meant. This must be done carefully or you may sound sarcastic.

Patient: *'Those warnings are over-rated. My grandpa smoked and he never got sick!'*
Healthcare professional: *'You're wondering if there is any link between smoking and health problems.'*

> Double-sided reflection
Acknowledge what the client has said, and add to it the other side of the patient's ambivalence. This requires the use of material that the client has offered previously.

Patient: *'I know that what you want is for me to give it up completely, but I'm not going to do that.'*
Healthcare professional: *'You can see that there are some real problems here, and you would prefer to find a solution that doesn't involve quitting completely.'*

> Shifting focus
Shift focus away from the source of resistance and try coming back to it later when the client is calmer and feels more comfortable to talk about the issues.

Patient: *'I didn't come in here to get a lecture. I'm just so busy with work, I've got a lot of people depending on me and too many deadlines. This is the least of my worries right now.'*
Healthcare professional: *'That's ok we can talk about your options later, it sounds like you've got a lot on your plate already. What kind of work do you do?'*

> Agreement with a twist
This approach both validates the client's perspective and maintains optimism for change.

Patient: *'Nobody can tell me how to raise my kids. You don't live in my house,. You don't know how it is.'*
Healthcare professional: *'You're right I don't know what life has been like for you or your kids - it will be important for us to work together so that I can get a better understanding of how we might help you.'*

> Emphasising personal choice and control
When people think that their freedom of choice is under threat, they tend to react by asserting control. This approach openly acknowledges the person's autonomy.

Patient: *'It's none of your business whether I use drugs or not! Who are you, the police?!'*
Healthcare professional: *'It's totally up to you whether you want to talk about drug use or not.'*

> Reframing
This approach acknowledges the validity of the client's observation, but offers new meaning or interpretation for them.

Patient: *'Look I've tried so many times to take meds more often, it just never lasts more than a day or two.'*
Healthcare professional: *'You've been very persistent, even though you haven't seen a lasting change yet. This must be important to you.'*

Key points:

- Avoid the 'righting reflex'
- Be aware of what is happening in your half of the relationship
- Be curious about what is happening in their half
- Reflect understanding
- Change tack if necessary
- Re-engage and look for common ground

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