Module 2

MOTIVATIONAL INTERVIEWING (MI) INTERVENTIONS
OBJECTIVES

- Disclosures/Learning Objectives
- Definition of Motivational Interventions
- Characteristics of Motivational Interventions
- Elements of Motivational Interventions
  - FRAMES Approach
  - Decisional Balance Exercises
  - Discrepancies Between Personal Goals and Current Behavior
  - Flexible Pacing
  - Personal Contact With Patients Not in Treatment
- Being Realistic about Change
- Overview
- Contact Information
Disclosures:
- Requirements for successful completion
- Conflicts of Interest
- Commercial Support
- Joint Providers

Learning Objective(s):
- To have a deeper understanding of motivational interviewing interventions.
DEFINED OF MOTIVATIONAL INTERVENTION

Designed to enhance motivation for change (in both the employee and the patient)
CHARACTERISTICS OF MOTIVATIONAL INTERVENTIONS

- Brief
- Responsive
- Culturally Competent
- Sensitive to diagnosis
- Can be used in multiple settings
- Can be used in various approaches
The FRAMES Approach

Decisional Balance Exercises

Discrepancies between personal goals and current behaviors

Flexible Pacing

Personal contact with employees and patient who are not engaged
THE FRAMES APPROACH

Feedback
Responsibility
Advice
Menus (Options)
Empathic Behaviors
Self-efficacy
After an assessment, the employee or patient gets information regarding personal risk or impairment.
PATIENT EXAMPLES

Examples

- Labs
- Kidney Disease Quality of Life (KDQOL)
- Physical Health
- Nutrition
- Mental Health
EMPLOYEE EXAMPLES

Examples

- Personality Test
- Urine Drug Screen (UDS)
- Survey Scores
- Physical Health
- Nutrition
- Mental Health
FEEDBACK

Dos

- Listen
- Be respectful
- Use easy to understand language
  - Cultural sensitive
  - Use visual aids
- Be empathic
- Offer straight forward information
  - Honest
  - Based on assessment

Don’ts

- Judgement
  - Can lead to resistance
- Use Confrontation
  - At least initially
- Use the same “way” with each employee/patient
Change is placed only and clearly on the employee or patient.

- Keeping in mind that the employee or patient has the right to make their own choices.
  - Employees or patients to be active, rather than passive, by insisting that they take responsibility for changing.
  - Employees or patients can feel more empowered and invested in change when realizing that they are responsible for the change process.

- **KEY WORDS:**
  - Choice
  - Invite
  - Consider
  - Inform
RESPONSIBILITY

With Rights Come Responsibilities
Giving information in a gently and respectfully

- If done correctly:
  - Can promote positive behavior change
  - Can be effective
It is better not to tell employees or patients what to do.
- Research shows that “suggesting” yields better results/outcomes.

Advice should be simple and not overwhelming.

Advice based on facts
- Blood Alcohol Level (Blood Alcohol Concentration, BAC)
- Laboratory Results
- Employee Timesheet
- Attendance
These questions can provide a non-directive opportunity to share your knowledge about non-adherence in gently and respectfully.

Can I tell you what I have seen in the past in this situation?

Do you mind if we talk about what happened Monday?

Can I tell you something to your about non-compliance?
Provide a list of options

- Accurate information about each option
  - Patient: Treatment Modalities
  - Staff: Business of Shifts (MWF vs. TTS)

Employee/Patient must choose an option and take responsibility for their choice

- Consistent with motivational interviewing
- Informed consent

When a person makes an independent decision, they are much more likely to be committed to that choice.
<table>
<thead>
<tr>
<th>Positive Ways</th>
<th>Negative Ways</th>
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<tbody>
<tr>
<td>Non-possessive warmth</td>
<td>Negative ways lead to faster client/staff conflicts and have adverse outcomes</td>
</tr>
<tr>
<td>Patient/employee can feel received in a human way, which is not threatening. In such an atmosphere trust can develop, and the person can feel able to open up to their own experiences and their feelings.</td>
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<tr>
<td>Friendliness</td>
<td>Negative of anything Positive</td>
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<tr>
<td>Truthfulness</td>
<td>Being irritating</td>
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<td>Respect</td>
<td>Being too bossy</td>
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<td>Affirmation</td>
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<td>Empathy</td>
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<td>Person- Centered</td>
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<td>Supportive</td>
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<td>Reflective Listening</td>
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**SELF- EFFICACY**

- **Fostering Hope**
  - By reinforcing belief in themselves (employees and patients)
    - You have to like the employee or patient or at least have professional boundaries or awareness of your “dislike” for the employee or patient.
  - Employee/Patient must choose an option and take responsibility for their choice
    - Consistent with motivational interviewing
    - Informed consent
- When a person makes an independent decision, they are much more likely to be committed to that choice.
Identifying strengths

How did you get from where you were to where you are now?

You are really doing well.....
DECISION BALANCE EXERCISES
Suppose you don't change, what is the WORST thing that might happen?

If you make changes, how would your life be different from what it is today?

What are the options you have for life if you don't take dialysis?

- Help identify benefits and disadvantages of a situation.
- The person making the pros and cons list determines the answers.
  - A 20-year old smoker is not concerned with lung cancer as much as playing basketball
DISCREPANCIES BETWEEN GOALS AND CURRENT BEHAVIORS

- The state of having inconsistent thoughts, beliefs, and attitudes, especially as relating to behavioral decisions and attitude change
  - Examples
    - On a diet, but eating out all the time
    - Smoking after trying hard to quit the habit
    - Just can’t make it to the gym (workout goals)
Help identify gaps in behavior for the patient/employee by making a connection between their current behavioral and future goals. Cognitive dissonance may involve confrontation. Rapport **must** be established before to confrontation.

How does your missing treatments fit in with your goal of wanting to be around to see your new grandchild?

How does your poor attendance fit in with your goal of wanting to go back to school?

How does your yelling fit in with you wanting to become a Facility Patient Representative?
If you push patients/employees at a faster pace than they are ready to take, resistance will occur.
Employees and Patients have to believe that you possess the following traits:

- Non-possessive warmth
  - Employees/patients can feel received in a human way, which is not threatening. In such an atmosphere, trust can develop, and the person can feel able to open up to their own experiences and their feelings.
- Friendly
- Truthful
- Respect Others
- Affirm Others
- Empathic
- Person-Centered
- Supportive
- Listen to Others
- Transparent (even with bad news)

If not → Result: RESISTANCE
RESISTANCE LOOKS LIKE: EMPLOYEE

- High Employee Turnover
- Blurred Roles
- Increase in complaints from patients
  - Behavioral Issues
- Increased poor outcomes with clinical issues
  - Dry Weights
  - Catheters vs. Fistulas
- Poor ICH-CAHPS scores
- Increase in visits from State Surveyors
- CMS Sanctions
- Termination (individual employees)
RESISTANCE LOOKS LIKE: PATIENTS

- **Uremia**
  - Nausea
  - Vomiting
  - Altered Mental Status
    - Conflicts
  - **HOW:** Cutting treatments short

- **Volume Overload**
  - Swelling of Hands, Feet, Face
  - Shortness of Breath (SOB)
  - High Blood Pressure
  - Confusion
  - **HOW:** Not following fluid restrictions
EVEN BEING OVERWEIGHT CAN CAUSE MANY OTHER HEALTH ISSUES

- Migraines: 57% resolved
- Pseudotumor Cerebri: 96% resolved
- Dyslipidemia Hypercholesterolemia: 63% resolved
- Non-Alcoholic Fatty Liver Disease: 90% improved steatosis
- Asthma: 82% improved or resolved
- Cardiovascular Disease: 82% risk reduction
- Hypertension: 52-92% resolved
- GERD: 72-98% resolved
- Type II Diabetes Mellitus: 83% resolved
- Polycystic Ovarian Syndrome: 79% resolution of hirsutism
- Stress Urinary Incontinence: 44-88% resolved
- Degenerative Joint Disease: 41-76% resolved
- Venous Stasis Disease: 95% resolved
- Gout: 77% resolved

Quality of Life
- improved in 95% of patients

Mortality
- 89% reduction in 5-year mortality

courtesy of ASMBS
Research has shown that simple communications with patients who miss sessions are useful for encouraging the patient to return to treatment.

- Example
  - A phone call
BEING REALISTIC ABOUT CHANGE

Do’s

- Does not happen overnight
- There will be occasional setbacks
  - Learning Experiences

Don’t

- Change must occur now
- Setback mean failure
OVERVIEW

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Rechelle Brown, LMSW
rbrown@nw14.esrd.net
469-916-3808


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