MOTIVATIONAL INTERVIEWING (MI): WHAT IS IT?
Motivation can be understood not as something that one has but rather as something one does. It involves recognizing a problem, searching for a way to change, and then beginning and sticking with that change strategy. There are, it turns out, many ways to help people move toward such recognition and action.

Miller, 1995
OBJECTIVES

- Disclosures /Learning Objectives
- Ways to Make People Change
- Being Professional (Patient and Employees)
- Cognitive Dissonance
- Ways to Thinking about Change
  - Problems with each way
  - The “motivational” way
- Patients’ Roadblocks to Treatment
- Motivating Others Checklist (Employees and Patients)
- Goal Setting Checklist (Employees and Patients)
- The Only Way Motivational Interviewing Can Work
- What Are The Outcomes of Resistance
  - Dialysis specific
  - Generally
- Results from Pre-Survey
Disclosures:

- Requirements for successful completion
- Conflicts of Interest
- Commercial Support
- Joint Providers

Learning Objective(s):

- To understand the basics of motivational interviewing when interacting with renal patients and employees who work in the dialysis setting
WAYS TO MAKE PEOPLE CHANGE

Positive Ways

- Non-possessive warmth
  - This means that the 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 own feelings.
- Friendliness
- Truthfulness
- Respect
- Affirmation
- Empathy
- Person-Centered
- Supportive
- Reflective Listening

Negative Ways

- Opposite of anything Positive
  - Being irritating
  - Being too bossy

Negative ways lead to faster client/staff conflicts and have bad outcomes
BEING PROFESSIONAL

• Staff should not take patient complaints personally
• Staff personal issues should not be talked about on the treatment floor
• Cell phones should not be used on treatment floor (staff don’t often follow policies in place – make sure staff always follow the policy and don’t pick certain staff members who don’t have to follow the rules)
• Don’t talk “at” co-workers, employees, service providers, and patients (i.e. being condescending)
• Pay attention to social cues when given by co-workers, employees, service providers, and patients (some people are private and don’t want to tell you their weekend plans)
ALERT: YOU IMPACT MOTIVATION

- As a Director/Manager or co-worker you impact the motivation of those who work with you
- As a service provider you impact the motivation of your patients
COGNITIVE DISSONANCE

The state of having inconsistent thoughts, beliefs, or 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)
WAYS TO THINK ABOUT CHANGE

<table>
<thead>
<tr>
<th>Moral</th>
<th>Psychological</th>
</tr>
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<tbody>
<tr>
<td>“.....People have problems because of human weakness”</td>
<td>“.....People have problems because of their inability to learn or emotional issues”</td>
</tr>
<tr>
<td>Medical</td>
<td>Social cultural</td>
</tr>
<tr>
<td>“.....People have problems because of physical problems”</td>
<td>“.....People have problems because of their environment”</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Biopsychosocial</td>
</tr>
<tr>
<td>“.....People have problems because of their lack of connection to a higher power”</td>
<td>“.....People have problems because of many reasons”</td>
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Problems With Using ONLY the Moral Model

- Does NOT include cultural differences (music, food, religion, and so on)
- Does Not include biological factors (mental health, disabilities, and so on)
- Offers little sympathy
- Examples
  - Diagnostic and Statistical Manual of Mental Disorders (DSM)
  - International Statistical Classification of Diseases and Related Health Problems (ICD)
  - Civil or Penal Codes
Culture

- Communication
- Language
- Thoughts
- Manners of Interacting
- Values
- Expected Behaviors
- Relationships
- Practices
- Customs
- Roles
- Rituals
- Courtesies
PROBLEMS WITH THE MEDICAL MODEL

- Focuses on symptoms NOT on the person
  - Employees: May not have resources (social, financial, etc.) to adhere to specific policy/requirement (clean uniforms, etc.)
  - Patients: May not have resources (social, financial, etc.) to buy foods to be compliant.

- Seen as Motherly (Maternalistic)
- Seen as Fatherly (Paternalistic)
SPIRITUAL MODEL AND THE DIALYSIS PATIENT

- Used to cope (to fill a spiritual emptiness)
- Widely used and most Influential in America
- Form of SELF-MANAGEMENT (positive and negative)

“God, I am angry that this has happened to me.”

“God, I ask that you help me cope with this new disease, kidney failure.”
PROBLEMS WITH THE SPIRITUAL MODEL

- Motherly and Fatherly
- Against the Law
  - Federal law (Title VII of the Civil Rights Act) and the laws of most states prohibit employers from engaging in religious discrimination: making job decisions based on an employee's or applicant's religion or lack of religious beliefs.
Examples of Defense Mechanisms Employees Use To Respond to Emotional Conflict

**PROJECTION:** Assigning one’s rejected feelings to an object or person

- Denial: “I didn’t know...”
- Projection: “You don’t like me...”

**RATIONALIZATION:** Giving an unbelievable explanation (unconscious)

- Rationalization: “I told them to hurry up because I knew we were behind schedule”
Examples of Defense Mechanisms Patients Use To Respond to Emotional Conflict

**PSYCHOLOGICAL MODEL: PATIENTS**

**PROJECTION:** Assigning one’s rejected feelings to an object or person

- Denial: "I didn’t drink a lot of fluids this weekend"
- Projection: "They don’t like me..."

**RATIONALIZATION:** Giving an unbelievable explanation (unconscious)

- Rationalization: "I cussed him out because I don’t allow people to speak to me like that"
PROBLEM WITH THE PSYCHOLOGICAL MODEL

Problems With Using ONLY the Psychological Model

- Facilities don’t have time to dive into patient’s childhood experiences
- Management staff doesn’t have time to explore the unconscious mind of employees
- Can be viewed as insulting to adults
- Not a CMS requirement
- Not enough **TIME** in the dialysis clinic
Building social, cultural and family relations
Developing social abilities and skills
Aware of how one’s culture affects his/her life

Employee:
- Millennial employee recognizing that wearing headphones on the treatment room floor is not acceptable
- Dietitian realizing that vegetarian Hindu patient needs an alternative source of protein other than meat

Patient:
- Patient of Hispanic culture realizing that eating beans at every meal is not acceptable
- Patient of African American culture realizing eating high sodium foods at every meal is not acceptable
- Vegetarian Hindu patient realizing that the consumption of dairy is not acceptable
If a patient is more involved with his family, has a strong support group, cultural issues are addressed, and is involved in the dialysis clinic, the *CHANCES of this patient missing treatment is reduced due to acceptable behavior expectation.

*DOES NOT MEAN THAT IT WILL SOLVE THE PROBLEM
PROBLEMS WITH THE SOCIOCULTURAL MODEL

Problems With Using ONLY the Sociocultural Model

Does not stress the importance of objective and measurable outcomes

- Employee
  - Performance, etc.
- Patient
  - Labs
    - High and Low Potassium Levels
    - High and Low Calcium Levels
    - High and Low Phosphorus Levels
This model recognizes the importance of many interacting influences.

*THIS IS THE BASIS OF MOTIVATIONAL INTERVIEWING*
Patient non-compliant issues are best treated by combining approaches that address biopsychosocial and spiritual.
PATIENTS’ ROADBLOCKS TO TREATMENT
Patients may use defense mechanisms when not given control over their treatment plan.

Patients are most likely to stay away from defense mechanisms when they are sharing decisions and collaborating with their provider/treatment team to access appropriate care.

These defense mechanisms may also be used by employees.

- Engaging in Denial
  - “I don’t need dialysis”

- Rationalization
  - “I don’t have to go to dialysis because God will heal me”

- Evasion
  - “I can’t go to dialysis because I do not have transportation”

- Defensiveness
  - “Leave me alone, I come to dialysis whenever I want”

- Manipulation
  - “You told me on a phone call that I did not have to go to treatment today”

- Resistance
  - “I am not going to treatment today, I don’t need it, I feel fine”
Focus on the Control/Power of the Employee/Patient
- They have the power to do well in specific situations or complete a task
- Changes can be made and they have control over their lives

Focus on the Person
- Don’t take a “business as usual” approach
- Don’t use the “same ‘ole” procedures with everyone

Don’t Label or Name Call
- Focus on the task at-hand

Partner with Employee/Patient
- Employees should know what is expected of them and how to meet those goals
- Patients should know what is expected of them and how to meet those goals
- Employee/patient feels like a part of the “team”
Have compassion (concern)
- Meet the employee/patient where they are
  - Going too fast could lead to resistance

Talk about problems before they are problems
- Periodic educational programs/check-in
  - Provide educational opportunities in areas that employee/patient has shown interest
  - What should start/stop/continue?
- Recognize issues that employee/patient may not be aware of
  - Address issues in a non-threatening way
    - “Can I offer you some feedback?” (Person has the right to say no)
    - “I have noticed some things, can I share them with you?” (Person has the right to say no)

Focus on what is interesting to the Employee/Patient
- Identify what motivates the employee/patient
  - Family
  - Friends
  - Children
GOAL SETTING CHECKLIST

- Small steps are okay
- Identify goals that are important to the Employee/Patient
- Focus on personal values
  - Comment on values that are important to the employee/patient (hard working, loyal, etc.)
  - Including spiritual, personal, marital, and other important relationships (surface level for employees)
- Goals should include everything
- For patients, significant support systems should be included
Employees and Patients have to believe that you possess the following traits:

- Non-possessive warmth
  - This means that the employee/patient 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 own 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

courtesy of ASMBS
HOW MOTIVATED ARE YOU TO CHANGE?

- Set New Goals
- Generate New Ideas
- Focus on Your Dream
- Stay Positive
WHO TOOK THE SURVEY?

N= 31

- Administrative Support: 68%
- RN: 13%
- Admin: 13%
- Social Worker: 6%
HAVE YOU HEARD OF MI BEFORE?

- Yes: 19%
- No: 81%
MI IS A PROCESS

Motivational interviewing is BEST described as:

- [ ] A way to influence someone
- [x] A process
- [ ] A set of techniques
- [ ] I don’t know

- 0%
- 9%
- 32%
- 59%
Which is the BEST example of motivational interviewing?

- "How can I help you get past some of the difficulties you are experiencing?"
- "What's wrong with you?"
- "How are you today?"
- "Do you want to talk about anything?"

91%
Motivational interviewing DOES NOT use which of the following:

- Opened ended questions: 0%
- Accusations: 4%
- Confrontation: 23%
- Reflection/Clarification: 73%
Meeting a patient/staff where they are 86.4%

Using a checklist 31.8%

Allowing the patient/staff to express his/her feelings 90.9%

Letting the patient/staff come up with their own solutions 100.0%

Validating the patient’s/staff’s feelings 86.4%

To influence the patient/staff to behave in a certain way 27.3%
MY UNDERSTANDING OF MI

- “Let’s talk about fluid management, what do you understand about this?”
- “Enacting change in the patient”
- “Effecting change in a patient toward decreasing use of illegal substances”
- “To help and assist patient/staff”
- “Trying to assist someone to facilitate change in a positive way”
- “Client centered process--more centered on the client than the technique--client led”
- “Tell me more”
MY UNDERSTANDING OF MI

- “To have the patient guide the conversation”
- “Ascertaining a patient's goals and motivation to make changes”
- “Asking questions that elicit thought, such as "what do you think you could do to change xyz behavior“ ...
- “Help clients to reach his or her goals in life”
- “To foster hope and will to change in the clients”
- “Asking a patient what do they think they need to do to help themselves .....remember to take their meds?”
MY UNDERSTANDING OF MI

- “Supporting and encouraging someone to make the best decisions in their own way”
- “Is there something that you would like to do that you aren't right now?”
- “I understand it to be a communication style or technique that motivates or encourages engagement of patients in their care and decision making and positive change in behavior with a goal of improved understanding and positive behavior change”
- “The staff and the patient collaborate on ways to address the issues”

“If a patient has screens positive for depression, but rejects a referral, speaking with patient to discover ways that patient thinks will make them feel better”

“Helping the patients see where they are at and where they want to be.....helping them help themselves get there”

“Helping a patient who has expressed frustration at coming to dialysis”

“To express empathy, and roll with the resistance”

“Supporting some one to make the changes that they want to make in a positive way”
OVERVIEW

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  - Dialysis specific
  - Generally
- Results from Pre-Survey
EVALUATION LINK

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EVALUATION LINK
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REFERENCES


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