

END STAGE RENAL DISEASE
NETWORK OF TEXAS

MOTIVATIONAL INTERVIEWING (MI) INTERVENTIONS

Module 2

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 / LEARNING OBJECTIVES

■ Disclosures:

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

■ Learning Objective (s):

- *To have a deeper understanding of motivational interviewing interventions.*



DEFINITION OF MOTIVATIONAL INTERVENTION

Designed to enhance motivation for change (in both the employee and the patient)



CHARACTERISTICS OF MOTIVATIONAL INTERVENTIONS

CHECKLIST



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

ELEMENTS

- **The FRAMES Approach**
- **Decisional Balance Exercises**
- **Discrepancies between personal goals and current behaviors**
- **Flexible Pacing**
- **Personal contact with employees and patient who not engaged**



THE FRAMES APPROACH

Feedback

Responsibility

Advice

Menus (Options)

Empathic Behaviors

Self-efficacy



FEEDBACK

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



RESPONSIBILITY

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



ADVICE

Giving information in a gently and respectfully

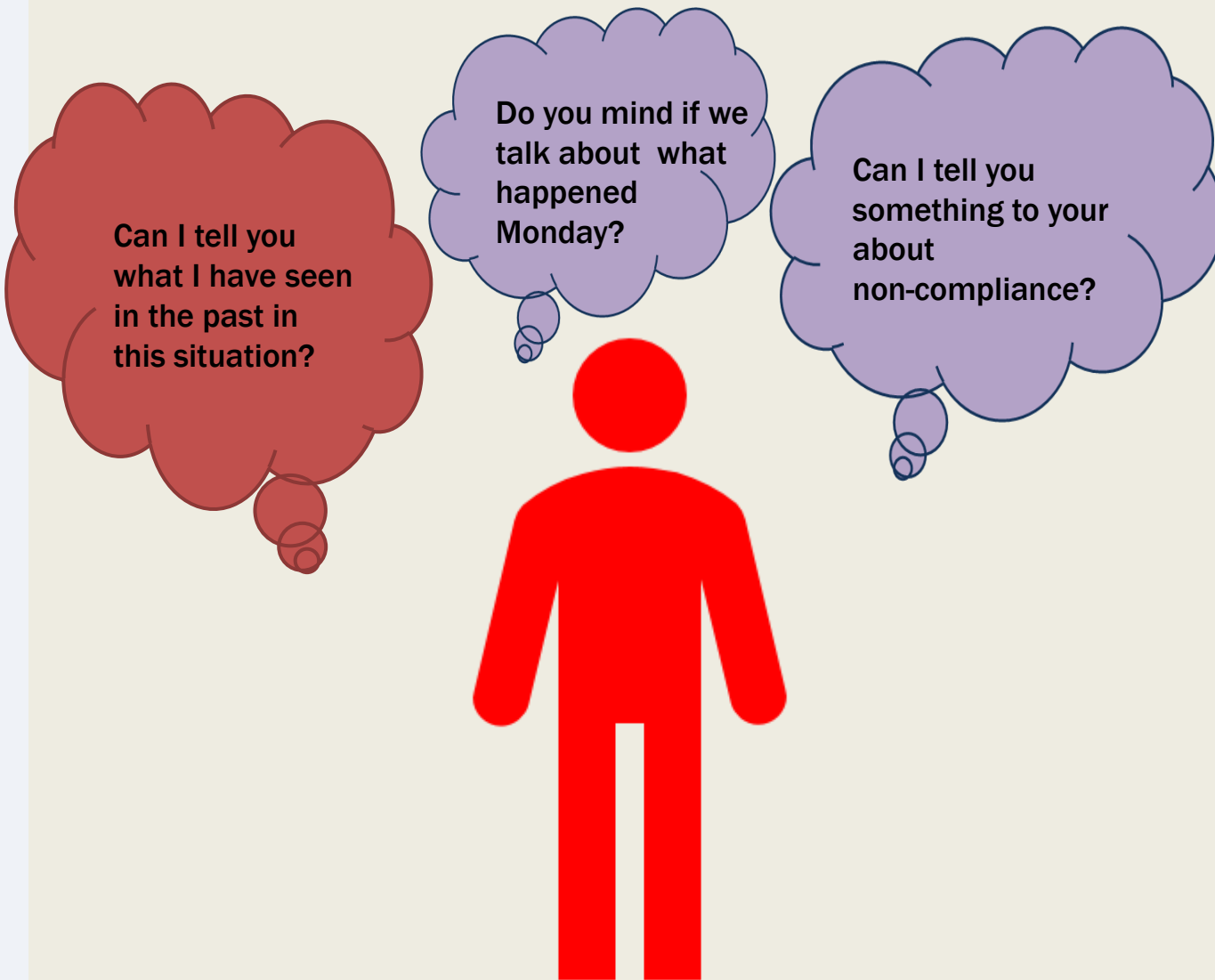
- If done correctly:
 - Can promote positive behavior change
 - Can be effective



ADVICE

- 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.



MENUS

- 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.



EMPATHIC COUNSELING

Positive Ways

- Non-possessive warmth
 - 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.
- 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 adverse outcomes




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.**

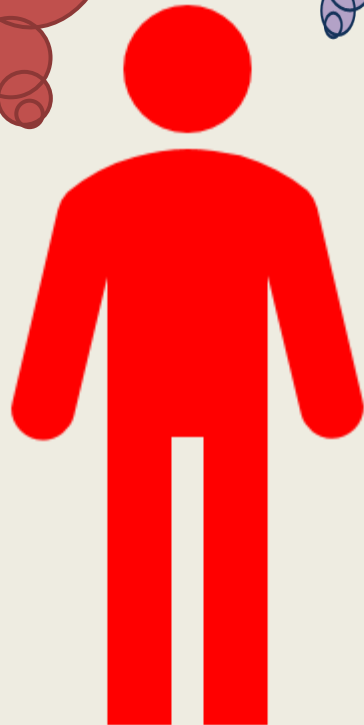




How did you get
from where you
were to where
you are now?



You are really
doing well.....




Identifying strengths



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)





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?

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.



FLEXIBLE PACING

If you push patients/employees at a faster pace than they are ready to take, resistance will occur.



THE ONLY WAY MOTIVATIONAL INTERVIEWING CAN WORK

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

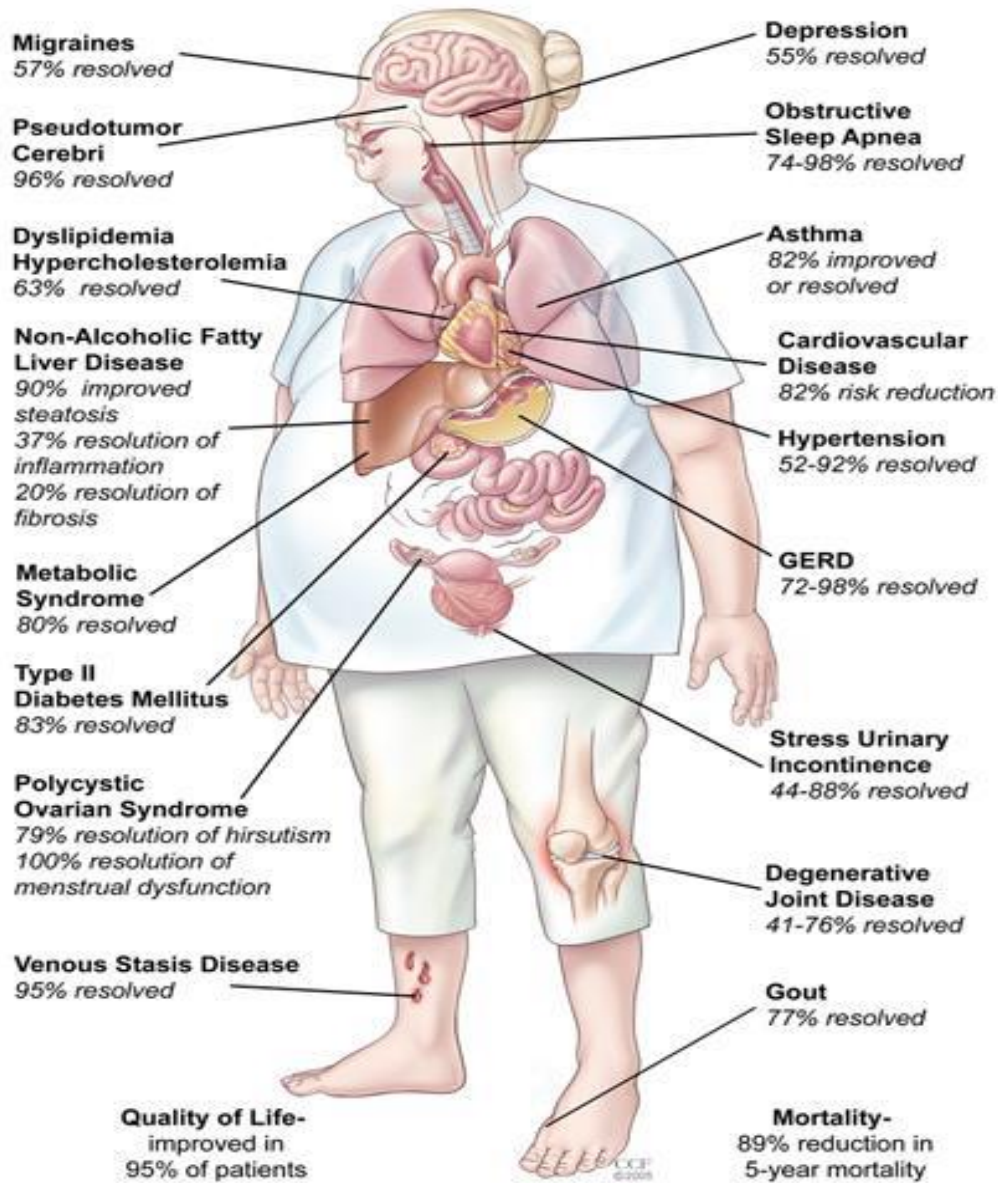
- Nausea
- Vomiting
- Altered Mental Status
 - Conflicts
- HOW: Cutting treatments short



☐ Volume Overload

- Swelling of Hands, Feet, Face
- Shortness of Breath (SOB)
- High Blood Pressure
- Confusion
- HOW: Not following fluid restrictions



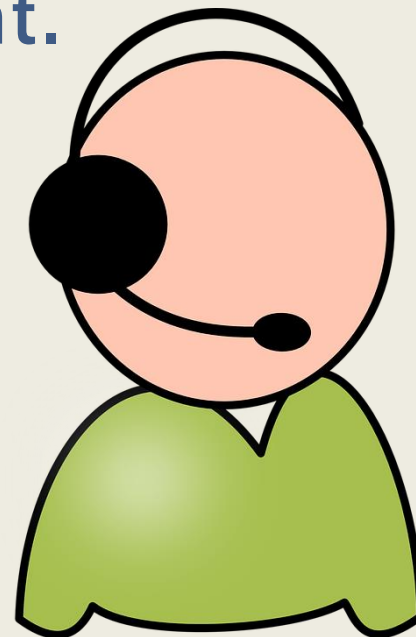


EVEN BEING OVERWEIGHT CAN CAUSE MANY OTHER HEALTH ISSUES

PERSONAL CONTACT WITH PATIENTS WHO ARE NOT IN TREATMENT

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 over night
- There will be occasional setbacks
 - Learning Experiences

Don't

- Change must occur now
- Setback mean failure



OVERVIEW

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REFERENCES

Barlow J, Wright C, Sheasby J, Turner A, Hainsworth J. Self-management approaches for people with chronic illness: A review. *Patient Education and Counseling*. 2002;48(2):177-187

Deci, E.L *Intrinsic Motivation*. New York: Plenum Press, 1975.

Deci, E.L *The Psychology of Self-Determination*. Lexington, MA: Lexington Books, 1980.

Intagliata, J. A telephone follow up procedure for increasing the effectiveness of a treatment program for alcoholics. *Journal of Studies on Alcohol* 37:1330-1335, 1976

Kaumans, A.J.R., and Muller, J.J. Use of letters to increase motivation in alcoholics. *Psychology Reports* 16:1152, 1965.

REFERENCES

Lorig K, Holman H. Self-management education: History, definition, outcome and mechanisms. *Annals of Behavioral Medicine*. 2003;26(1):1-7.

Miller, L. Neuropsychological assessment of substance abusers: Review and recommendations. *Journal of Substance Abuse Treatment* 2(1):5-17, 1985a.

Miller, W.R. Alcoholism scales and objective assessment methods: A review. *Psychological Bulletin* 98:84-107, 1976.

Miller, W.R. Motivational interviewing with problem drinkers. *Behavioral Psychotherapy* 11:147-172, 1983.

Miller, W.R. Motivation for treatment: A review with special emphasis on alcoholism. *Psychological Bulletin* 15698(1):84-107, 1985b.

REFERENCES

Miller, W.R. Increasing motivation for change. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches: Effective Alternatives*, 2nd ed. Boston: Allyn & Bacon, 1995. pp. 89–104.

Miller, W.R. What is a relapse? Fifty ways to leave the wagon. *Addiction* 91(Suppl.):S15–S27, 1996.

Miller, W.R.; Andrews, N.R.; Wilbourne, P.; and Bennett, M.E. A wealth of alternatives: Effective treatments for alcohol problems. In: Miller, W.R., and Heather, N., eds. *Treating Addictive Behaviors: Processes of Change*, 2nd ed. New York: Plenum Press, 1998. pp. 203–216.

REFERENCES

Miller, W.R., and Baca, L.M. Two-year follow-up of bibliotherapy and therapist-directed controlled drinking training for problem drinkers. *Behavior Therapy* 14:441-448, 1983.

Miller, W.R.; Benefield, R.G.; and Tonigan, J.S. Enhancing motivation for change in problem drinking: A controlled comparison of two therapist styles. *Journal of Consulting and Clinical Psychology* 61(3):455-461, 1993.

Miller, W.R.; Brown, J.M.; Simpson, T.L.; Handmaker, N.S.; Bien, T.H.; Luckie, L.F.; Montgomery, H.A.; Hester, R.K.; and Tonigan, J.S. What works? A methodological analysis of the alcohol treatment outcome literature. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches: Effective Alternatives*, 2nd ed. Boston: Allyn & Bacon, 1995a. pp. 12-44.



REFERENCES

Miller, W.R., and C'de Baca, J. Quantum change: Toward a psychology of transformation. In: Heatherton, T., and Weinberger, J., eds. *Can Personality Change?* Washington, DC: American Psychological Association, 1994. pp. 253–280

Miller, W.R.; Gribskov, C.J.; and Mortell, R.L Effectiveness of a self-control manual for problem drinkers with and without therapist contact. *International Journal of the Addictions* 16:1247–1254, 1981.

Miller, W.R., and Heather, N., eds. *Treating Addictive Behaviors*, 2nd ed. New York: Plenum Press, 1998.

REFERENCES

Miller, W.R., and Kurtz, E. Models of alcoholism used in treatment: Contrasting AA and other perspectives with which it is often confused. *Journal of Studies on Alcohol* 55:159–166, 1994.

Miller, W.R.; Leckman, A.L; Delaney, H.D.; and Tinkcom, M. Long-term follow-up of behavioral self-control training. *Journal of Studies on Alcohol* 53(3):249–261, 1992.

Miller, W.R., and Meyers, R.J. Engaging unmotivated individuals in treatment for alcohol problems: A comparison of three intervention strategies. *Journal of Consulting and Clinical Psychology*, in press.

REFERENCES

Miller, W.R., and Page, A.C. Warm turkey: Other routes to abstinence. *Journal of Substance Abuse Treatment* 8:227–232, 1991.

Miller, W.R., and Pechacek, T.F. New roads: Assessing and treating psychological dependence. *Journal of Substance Abuse Treatment* 4:73–77, 1987.

Miller, W.R., and Rollnick, S. *Motivational Interviewing: Preparing People To Change Addictive Behavior*. New York: Guilford Press, 1991.

Miller, W.R., and Sanchez, V.C. Motivating young adults for treatment and lifestyle change. In: Howard, G., and Nathan, P.E., eds. *Alcohol Use and Misuse by Young Adults*. Notre Dame, IN: University of Notre Dame Press, 1994.

Miller, W.R., and Saucedo, C.F. Assessment of neuropsychological impairment and brain damage in problem drinkers. In: Golden, C.J.; Moses, J.A., Jr.; Coffman, J.A.; Miller, W.R.; and Strider, F.D., eds. *Clinical Neuropsychology: Interface With Neurologic and Psychiatric Disorders*. New York: Grune & Stratton, 1983. pp. 141–195.



REFERENCES

Miller, W.R., and Sovereign, R.G. The check-up: A model for early intervention in addictive behaviors. In: Loberg, T.; Miller, W.R.; Nathan, P.E.; and Marlatt, G.A., eds. Addictive Behaviors: Prevention and Early Intervention. Amsterdam: Swets & Zeitlinger, 1989. pp. 219–231.

Miller, W.R.; Sovereign, R.G.; and Krege, B. Motivational interviewing with problem drinkers: II. The Drinker's Check-up as a preventive intervention. Behavioral Psychotherapy 16:251–268, 1988.

Miller, W.R., and Taylor, C.A. Relative effectiveness of bibliotherapy, individual and group self-control training in the treatment of Enhancing Motivation for Change in Substance Abuse Treatment problem drinkers. Addictive Behaviors 5:13–24, 1980.

REFERENCES

Miller, W.R.; Taylor, C.A.; and West, J.C. Focused versus broad-spectrum behavior therapy for problem drinkers. *Journal of Consulting and Clinical Psychology* 48:590–601, 1980.

Miller, W.R., and Tonigan, J.S. Assessing drinkers' motivation for change: The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). *Psychology of Addictive Behaviors* 10(2):81–89, 1996.

Miller, W.R.; Westerberg, V.S.; and Waldron, H.B. Evaluating alcohol problems. In: Hester, R.K., and Miller, W.R., eds. *Handbook of Alcoholism Treatment Approaches: Effective Alternatives*, 2nd ed. Boston: Allyn & Bacon, 1995b. pp. 61–88.

Miller, W.R.; Zweben, A.; DiClemente, C.C.; and Rychtarik, R.G. *Motivational Enhancement Therapy Manual: A Clinical Research Guide for Therapists Treating Individuals With Alcohol Abuse and Dependence*. Project MATCH Monograph Series, Vol. 2. NIH Pub. No. 94–3723. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism, 1995c.



REFERENCES

Nirenberg, T.D.; Sobell, L.C.; and Sobell, M.B. Effective and inexpensive procedures for decreasing client attrition in an outpatient alcohol treatment program. *American Journal of Drug and Alcohol Abuse* 7:73-82, 1980.

Panepinto, W.C., and Higgins, M.J. Keeping alcoholics in treatment: Effective follow through procedures. *Quarterly Journal of Studies on Alcohol* 30:414-419, 1969.

Richard AA, Shea K. Delineation of self-care and associated concepts. *Journal of Nursing Scholarship*. 2011;43:255-264

Riegel B, Dickson VV. A situation-specific theory of heart failure self-care. *Journal of Cardiovascular Nursing*. 2008;23(3):190-196.

Schulman-Green D, Jaser S, Martin F, et al. Processes of Self-Management in Chronic Illness, *J Nurs Scholarsh*. 2012;44:136-144

