

* Brief Motivational Interventions: Promoting the Process of Change and Treatment Engagement

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HEALTHCARE INTERVENTIONS & DISEASE PREVENTION REQUIRE BEHAVIOR CHANGE

CANCER PREVENTION

INITIATION

CHRONIC ILLNESS MANAGEMENT

MENTAL HEALTH

MODIFICATION

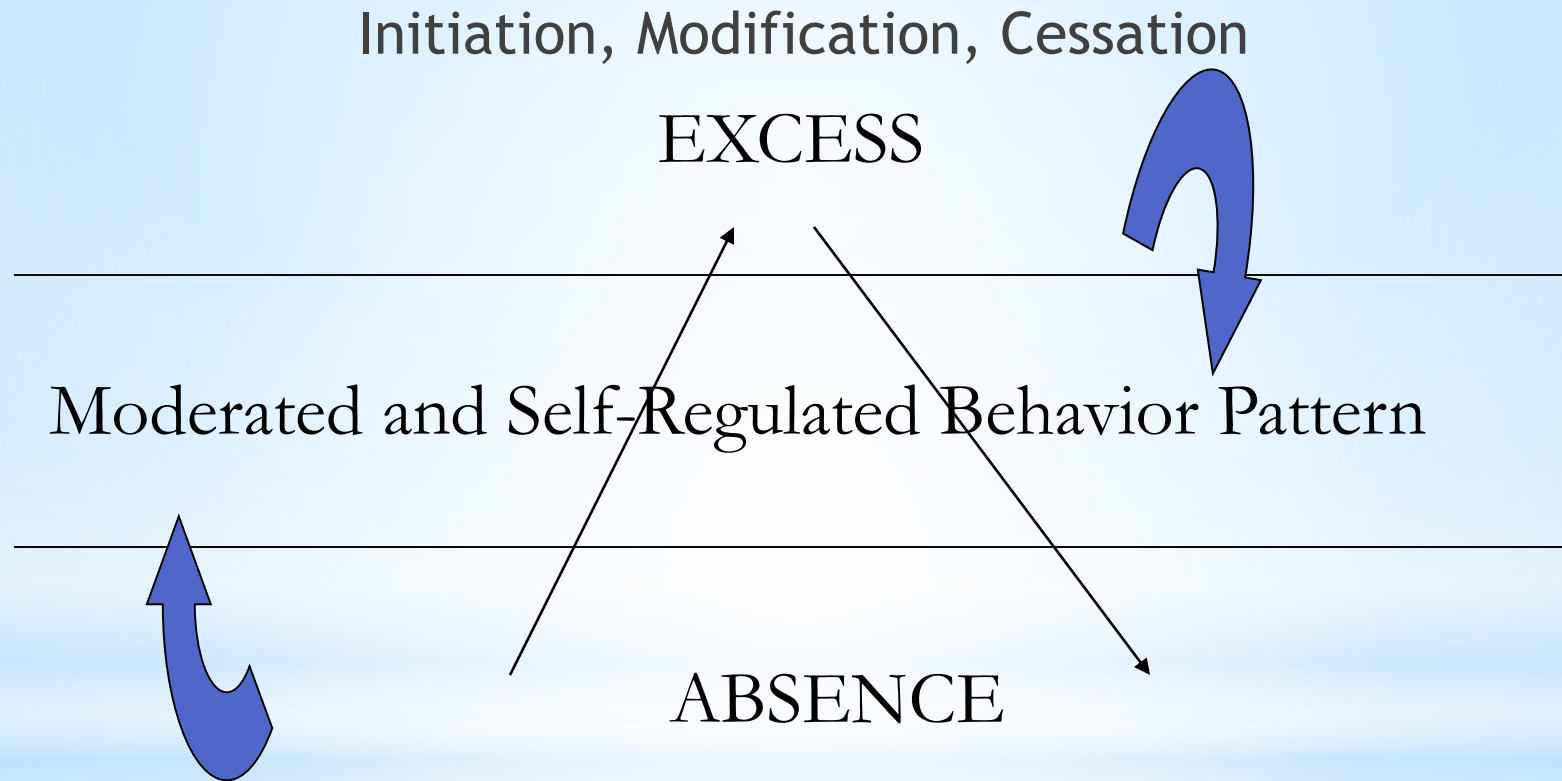
MEDICATION ADHERENCE

HEALTH PROTECTION

SUBSTANCE ABUSE

CESSATION

* Different Patterns of Behavior Change



THE BEST WAY TO ACHIEVE
GOOD HEALTH IS TO TAKE
CARE OF YOURSELF.



YOUR LIFESTYLE IS
DESTROYING YOU.



YOU SHOULD CHANGE YOUR
EATING HABITS, AND STOP
SMOKING AND DRINKING.



START AN EXERCISE PROGRAM.
GET PLENTY OF REST. LEARN
HOW TO HANDLE STRESS.



YOU'RE RIGHT,
DOC. THANKS!



MAN! I'VE GOT TO FIND
ANOTHER DOCTOR!



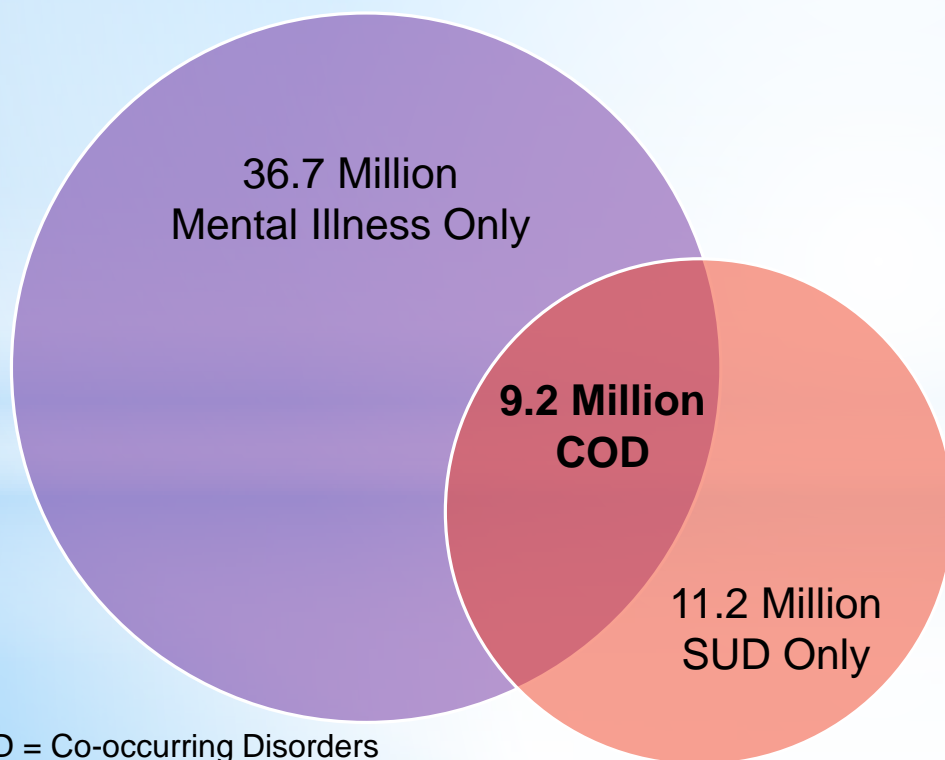
*The Need for Integrated Care



It is likely that individuals who seek behavioral health services have concerns across many health domains.

* Co-occurring Behavioral Health Disorders

- High-degree of overlap between mental health and substance use disorders



- * Behavioral health disorders may exacerbate or be related to other health problems and chronic medical conditions.

- * For example, individuals with serious mental illness die on average 25 years earlier than the general population, largely due to untreated medical conditions.

COD = Co-occurring Disorders
SUD = Substance Use Disorder

(NSDUH, 2010; SAMHSA, 2013)

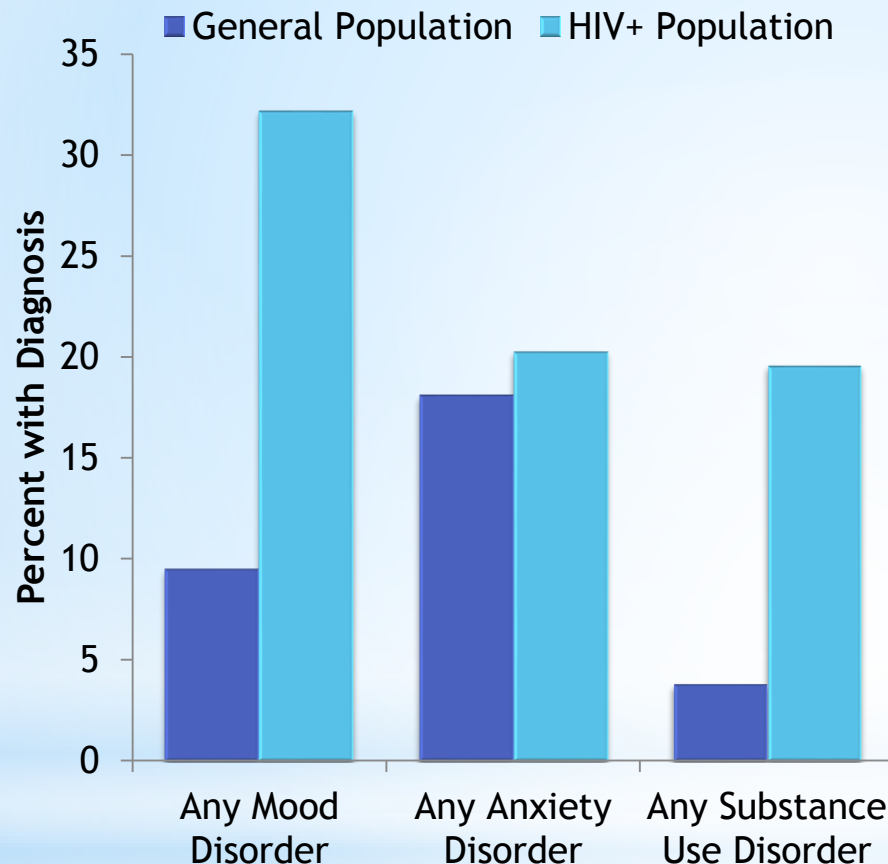
* Behavioral Health & Infectious Disease

- * Individuals with behavioral health concerns are more likely to be diagnosed with HIV and other infectious diseases compared to the general population:

	General Population	Mental Illness (no co-occurring)	SMI + SUD (co-occurring)
HIV	0.4%	4.8%	6.0%
HCV	1.5%	5.0%	25.0%
<i>Rates of infection are dramatically higher when additional risk factors (e.g., injection drug use, sex/drug-linked behavior) are present</i>			

- * Among SMI patients who are HIV+, 57% are also co-infected with HCV (versus 25% in general population)

* HIV & Behavioral Health



- Among people diagnosed with HIV, 37% reported a drug or alcohol risk behavior in the previous 30 days
 - 27%: cocaine use
 - 23%: marijuana use
 - 22%: alcohol use
 - 19% active IDU
- 25% of people with HIV are using substances at a level that warrants treatment.

HIV+ individuals:

- 3 times more likely to have mood disorder
- 5 times more likely to have a substance use disorder

* Prescribed Health Behaviors

* Cardiovascular Risk Reduction

- * Physical Activity
- * Cholesterol screening and treatment
- * Weight Reduction
- * Dietary changes
- * Aspirin regimen
- * Alcohol and Substance Use

* Diabetes Prevention and Treatment

- * Obesity Prevention and Reduction
- * Glucose monitoring
- * Dietary changes
- * Physical Activity
- * Regular screening for associated problems
- * Alcohol Consumption

* DESIRED HEALTHCARE BEHAVIORS*

- * MULTIPLE

- * MULTIDIMENSIONAL

- * VARY IN FREQUENCY

- * VARY IN INTENSITY

- * REQUIRE DIFFERING LEVELS OF MOTIVATION

- * CAN BE INTEGRATED INTO DIFFERENT LIFESTYLES
TO VARYING DEGREES

** Includes Mental Health Behaviors*

* Integrated Care Requires Integrative and Comprehensive Screening

- * Unknown problems often complicate care
- * Comprehensive care involves identifying not only current diagnosable problems but also **risk behaviors that can complicate care**
- * Comprehensive screening is needed to **identify critical problems** that are present for an individual seeking treatment for any disorder
- * Although almost all programs do some screening for co-occurring conditions, few look across multiple domains of risk and use comprehensive screening instruments.

*Integrated Care requires Attention to Client Change Process

- *Key mechanisms for change reside in the individual who needs to change for intentional change to be sustained
- *Identifying Risks not sufficient need Readiness to change
- *Clients are consumers of services and should be engaged and valued. Products and services need to be tailored to be consumer focused and friendly
- *Each client has a unique history and set of problems that make change challenging

*Breaking News

- *In a large study researchers at National Cancer Institute in the US have discovered that watching television more than 1 to 2 hours a week causes brain cancer.
- *How many of you would stop watching TV immediately?

HOW PEOPLE CHANGE



*How Do People Change?

*People change voluntarily only when

*They become *interested and concerned* about the need for change

*They become *convinced* the change is in their best interest or will benefit them more than cost them

*They organize a *plan of action* that they are *committed* to implementing

*They *take the actions* necessary to make the change and sustain the change

* Stage of Change: Labels and Tasks

* Precontemplation

- * Not interested

* Contemplation

- * Considering

* Preparation

- * Preparing

Action

- * Initial change

* Maintenance

- * Sustained change

* Interested and concerned

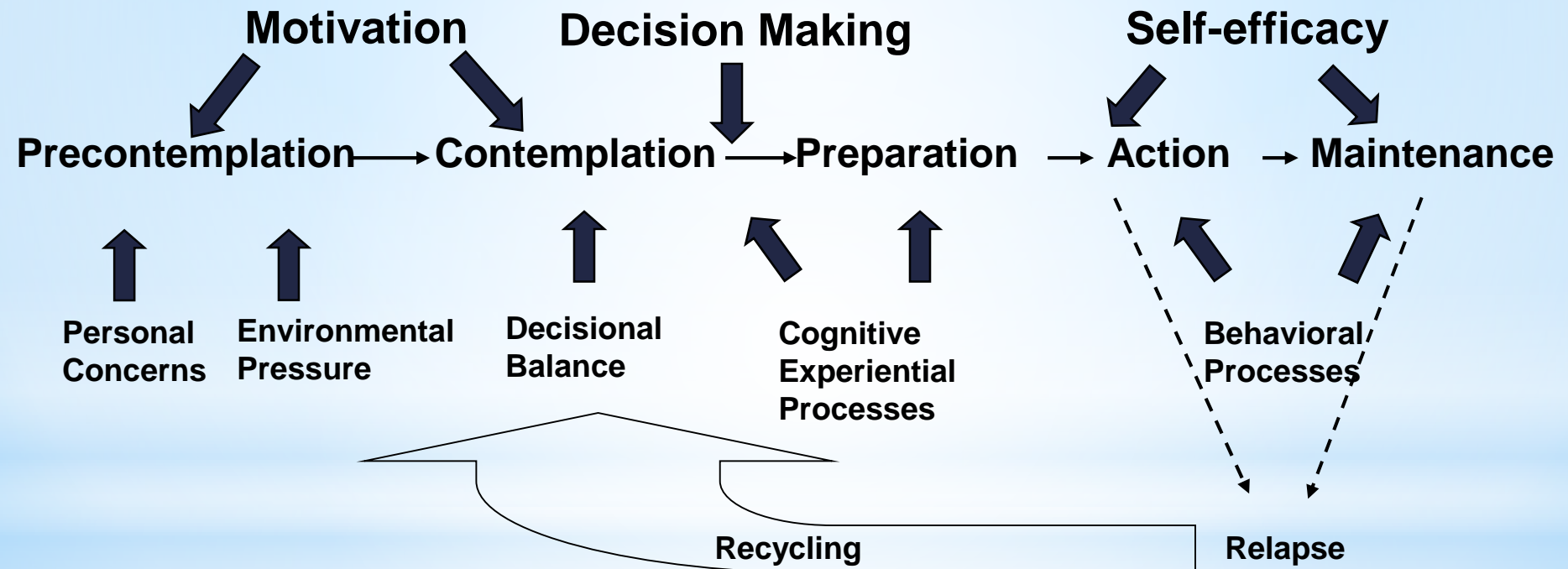
* Risk-reward analysis and decision making

* Commitment and creating an effective/acceptable plan

* Implementation of plan and revision as needed

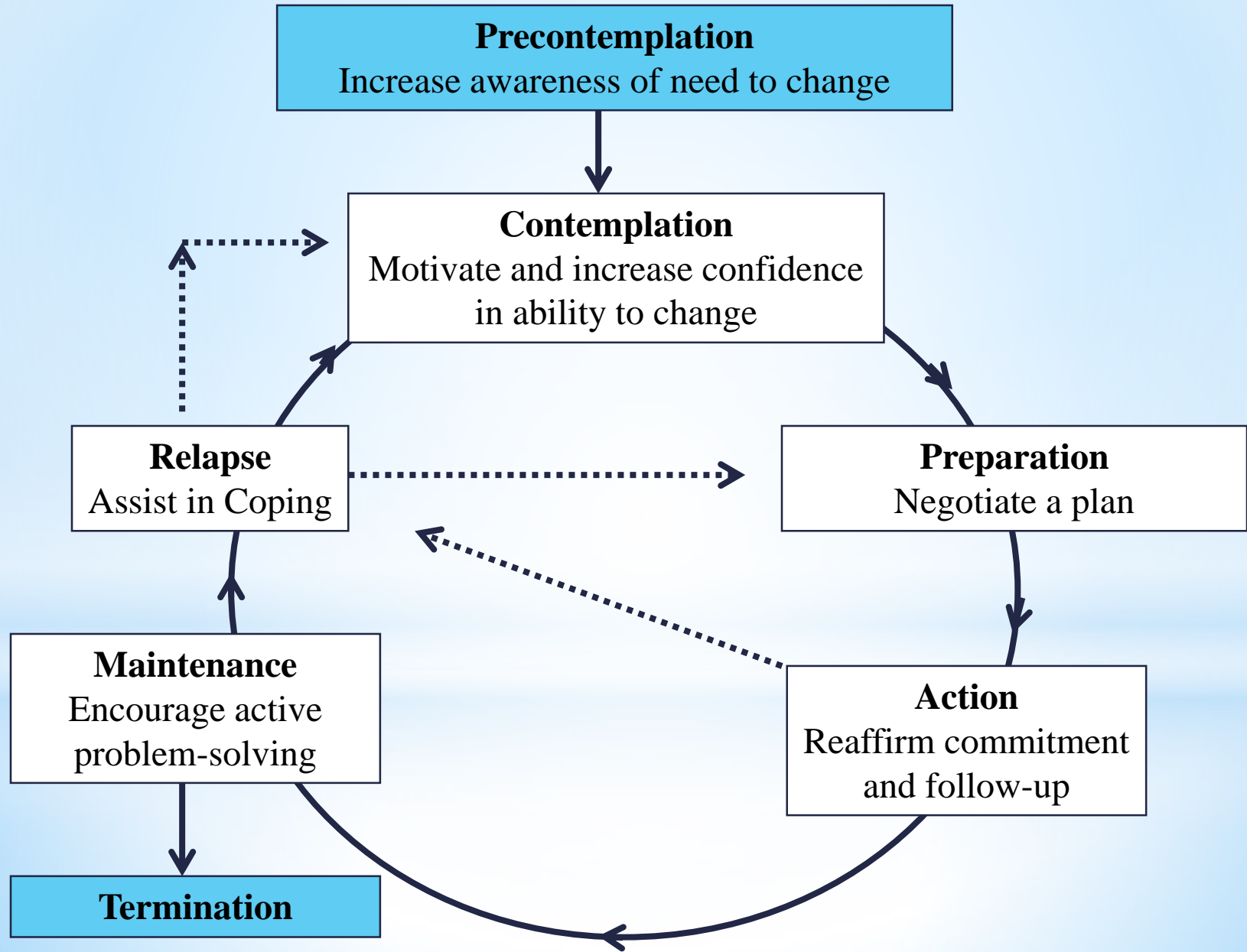
* Consolidating change into lifestyle

Theoretical and Practical Considerations Related to Movement Through the Stages of Change



What would help or hinder completion of the tasks of each of the stages and deplete the self-control strength needed to engage in the processes of change needed to complete the tasks?

Stages of Change Model





A STAGE BY HEALTH BEHAVIOR INITIATION

TYPE OF BEHAVIOR	STAGE OF INITIATION				
	PC	C	PA	A	M
Physical Activity		X			
Medication - A					X
Medication - B			X		
Glucose Monitoring	X				
Fruits & Vegetables				X	

* WHY DON'T PEOPLE OR ORGANIZATIONS CHANGE?

- * NOT CONVINCED OF THE PROBLEM OR THE NEED FOR CHANGE - UNMOTIVATED
- * NOT COMMITTED TO MAKING A CHANGE - UNWILLING
- * DO NOT BELIEVE THAT THEY CAN MAKE A CHANGE - UNABLE

*MOTIVATED TO CHANGE

- *Admit that the status quo is problematic and needs changing
- *The pros for change outweigh the cons
- *Change is in our own best interest
- *The future will be better if we make changes in these behaviors

By Mel Lazar

FANCIS, THE MOTHERS CLUB IS OFFERING
MOTIVATIONAL SEMINAR TONIGHT CALLED
"STOP MAKING EXCUSES." WOULD YOU
LIKE TO GO WITH ME?

NAH. IT'S TOO HOT,
I'M TIRED AND I
CAN'T FIND MY
SOCKS.



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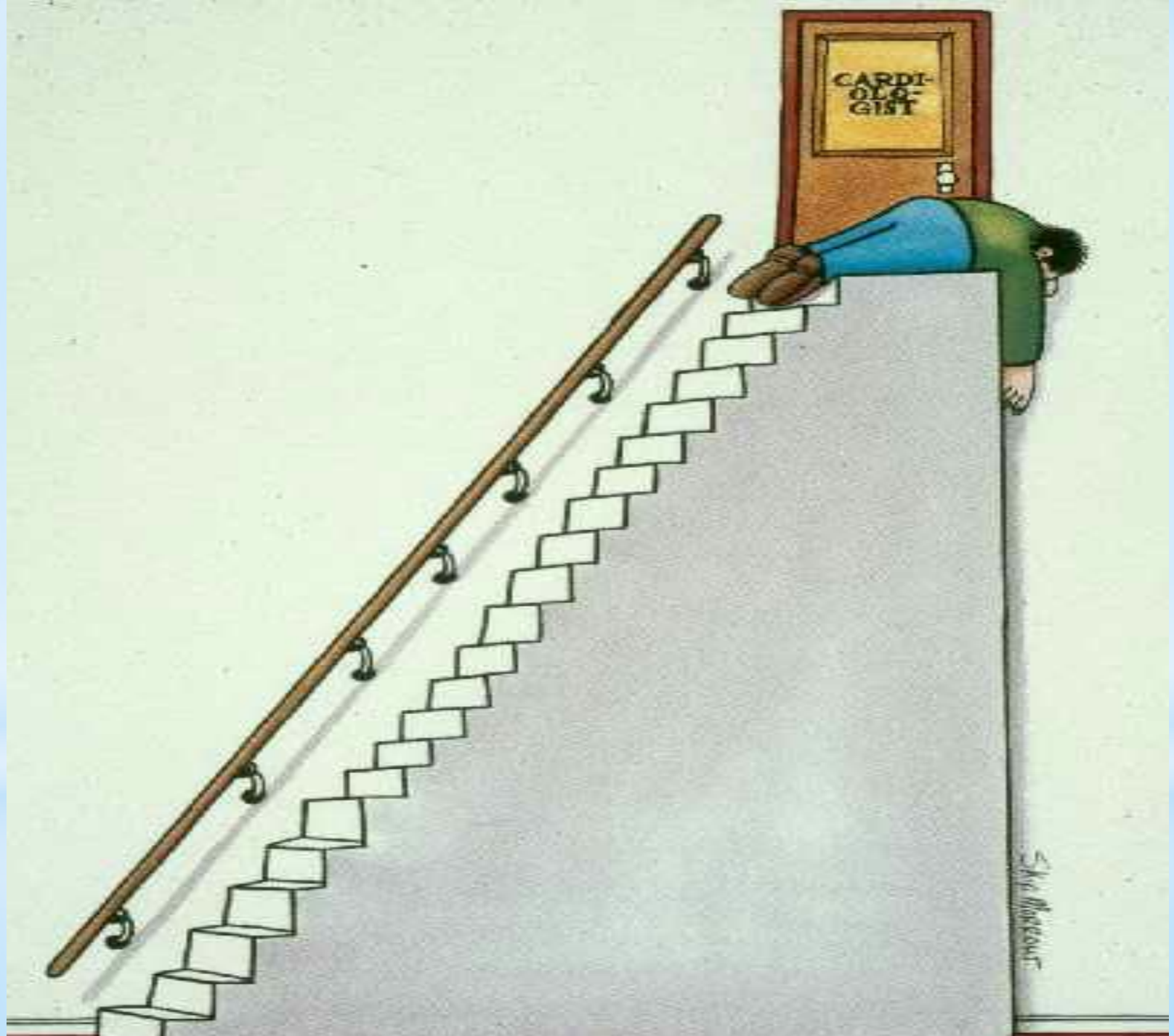
*WILLING TO MAKE CHANGE

*COMMITMENT TO TAKE ACTION

*SPECIFIC ACCEPTABLE ACTION PLAN

*TIMELINE FOR IMPLEMENTING PLAN

*ANTICIPATION OF BARRIERS



* ABLE TO CHANGE

- * Continued Commitment
- * Skills to Implement the Plan
- * Long-term Follow Through
- * Integrating New Behaviors into Lifestyle or Organization
- * Creating a New Behavioral Norm

*Brief Motivational Interventions

Supporting the Client's
Process of Change

*What is Brief Intervention and Why do it?

- *Brief intervention is a **motivation-enhancing discussion** focused on increasing patient insight and awareness regarding health behaviors and intrinsic motivation toward behavioral change
- *Can be accomplished during a single encounter, or sometimes multiple encounters
- *Brief intervention can be used as a stand alone intervention for those at-risk, as well as for motivating and engaging those who need specialized care.
- *Identification and Advice improves health outcomes if done in a motivation enhancing manner

* Brief Intervention: “Teachable Moment”

“Teachable Moments” are...

- Newly diagnosed health conditions that can be related to substance use
- Emergency room visits
- Visits to a specialist
- Any naturally occurring health events in which you could help motivate a patient change his or her risky health behaviors!

**Brief Interventions (BI) take
advantage of these Teachable
Moments**



* Rationale

- * Brief interventions are designed to be:
 - * Time efficient
 - * A possible first step in change
 - * Helpful with patient's not ready for change
 - * Based on key techniques that are simple to use and easy to remember



*Brief Intervention in research



- *Support for BI has been found in multiple settings, even via web, with populations of all ethnicities and ages, and for a variety of health behaviors. Some recent controversy about use with drug abuse, especially marijuana

Sources: Cheng, Samet, and Palfai, 2010; Kypri et al. 2008; Saitz et al. 2010, Saitz & Naimi, 2010

*So what is a Brief Intervention?

- *Brief intervention is a systematic, focused process that relies on rapid assessment, quick engagement of the patient, and immediate implementation of change strategies. (Babor & Higgins-Biddle, 2001)
- *Think of this as an opportunity to elicit motivation to change from the patient. Every patient has some level of motivation. It is your challenge to increase that motivation to make a healthy behavior change in your patient's life.

*Critical Components

- ▶ Assessment/Screening
(background or mechanism?)
- ▶ Some contact and interaction around a specific behavior or problem or constellation of behaviors
- ▶ Advice or Information related to behavior
- ▶ Personalized
- ▶ Empathic or Patient Centered
- ▶ Negotiated, Collaborative Action

*CRITICAL CONSIDERATIONS

*Age and Developmental Tasks

- *It matters if the child is 11 or 17, the adult is 25 or 40, and the senior is 65 or 80

*Surrounding Life Events

- *Pregnancy, Admission to Trauma or Emergency Department, New Job, Graduation

*Seriousness or Severity of the Status Quo

- *How bad is it; how vulnerable am I?
- *What are the consequences of not changing?

*Readiness and the Process of Change

- *How prepared is the person for a change?

*When To Use a Brief Intervention

- Any positive screen
- Any time you feel that there may be a problem with substance use or other risk behaviors
 - During an initial assessment
 - During any follow-up visit
 - It can also be used with other health behaviors
- Don't wait until the next visit because you may never see patient again!

*Goals of Brief Interventions

- **Change** the way a patient understands or feels about a particular risk factor or behavior
- **Empower** individual patients to take action
- **Support** naturally occurring events and influences
- **Reduce** risky substance use and other risk factors
- **Promote** treatment adherence and engagement
- **Increase awareness** of the impact of substance use and other risk factors have on current medical issues



* Assumptions of Brief Interventions

➤ PEOPLE CAN CHANGE

➤ Motivation...

- Is a state of readiness to change
 - May fluctuate from one time or situation to another
 - Is not only modifiable by the patient
 - Can be influenced by you, the physician
-
- **Note:** You cannot force individuals to be motivated or be motivated for them, but you can make a difference!



* Assumptions of BI (*continued*)

- Brief Interventions can help you reduce your battles with ambivalent patients
- People struggling with behavioral problems often have fluctuating and conflicting motivations for change, also known as ambivalence.
- Ambivalence is a normal part of considering and making change and is *NOT* pathological



* Assumptions of BI (*continued*)

- Your style as the healthcare provider can make a difference
- An empathic, patient-centered style is more likely to...
 - Increase self-motivational responses
 - Decrease patient resistance



* Motivation and the Change Process

1) Patients are not unmotivated!

- They are just motivated to engage in behaviors that others consider harmful and problematic

OR

- Are not ready to begin behaviors that we think would be helpful

2) Motivation, willingness and ability all belong to patients and their process of change.

- However, they can be enhanced or hindered by interactions with others and events in the life-context of the patient



*The Style that Works Best with Brief Interventions

- Patient centered communication
- Motivational Interviewing (MI) Style/Spirit, which includes:
 - Empathy and collaboration
 - Caring concern
 - Appreciation for patient's experiences and opinions
 - Aiming to elicit patient's motivation to change



“The way in which you talk with patients about their health can substantially influence their personal motivation for behavior change.”

**** ~Rollnick & Miller***

Developers of Motivational Interviewing

* Basic Principles of MI

* READS:

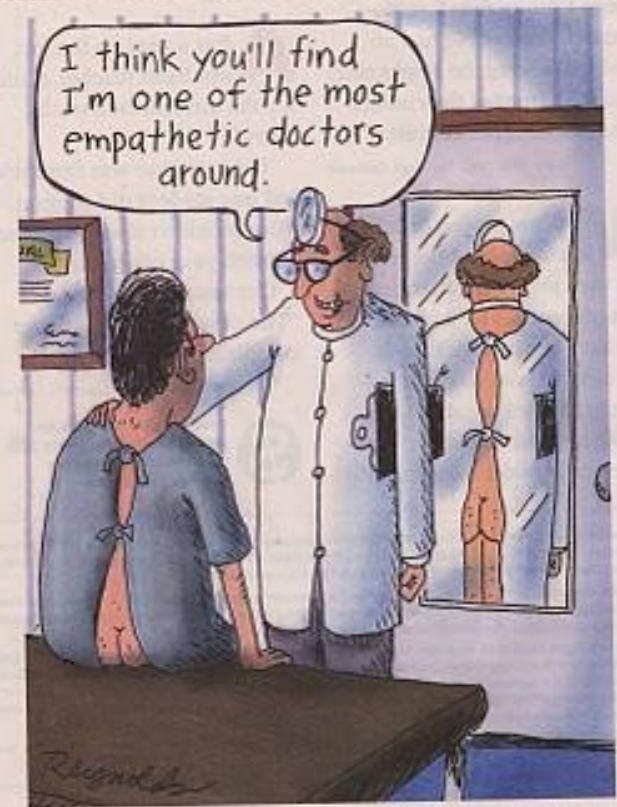
- * Roll with resistance
- * Express empathy
- * Avoid argumentation
- * Develop discrepancy
- * Support self-efficacy



*Express Empathy

- *Acceptance facilitates change.
- *Skillful reflective listening is fundamental.
- *Ambivalence is normal.
- *Understanding the patient's perspective.

Last Laugh



* Avoid Argumentation

- * Avoid arguing with the patient for change
- * Patient generally feels a need to defend themselves when directly opposed
- * Increases resistance
- * Your point may be accurate but the process is problematic



*Develop Discrepancy



- *The patient rather than the provider should present the arguments for change
- *Change is motivated by a perceived discrepancy between present behavior and important personal goals or values

*Support Self Efficacy

- * A patient's belief/confidence in his or her ability to change is an important motivator
- * The patient, not the doctor, is responsible for choosing and carrying out changes
- * However, provider belief in the patient's ability to change can become a self-fulfilling prophecy.

*Techniques

*OARS

- *Open ended questions

- *Affirmations

- *Reflective listening

- *Summarizing

*QARS: Open Ended Questions

- Closed ended questions...
 - Only elicits a yes or no answer
 - Leaves little opportunity to explore what is really going on for the patient
- Open ended questions...
 - Allow for longer answers
 - Gives you a chance to probe for further information
- *Note:* There are times to use each kind of question.



*Examples of Open Ended Questions

- “What concerns you about this?”
- “Tell me a little more about ____.”
- “How does your substance use affect your relationships?”
- “What sort of connection do you see between your drinking and your _____(physical problems)?
- “Why would you want to make this change?”
- “How might you go about it, in order to succeed?”
- “Are there any reasons for you to change?”
- “How important is it for you to make this change?”



*OARS: Affirmations

- Affirmations are statements and gestures that acknowledge people's strengths and behaviors that lead toward positive change
- Affirmations are rarely given to individuals who use substances



*OARS: Affirmations

- Help people to build confidence in their ability to change
- Can be wonderful rapport builders
- Are motivational
- Must be congruent and genuine



*Examples of Affirmations

- “It sounds like you haven’t been able to stop drinking, but it’s good you’ve been able to cut down”
- “I appreciate you being open with me about your drug use today”
- “You handled yourself really well in that situation”
- “That’s a good suggestion”



*OARS: Reflective listening

- Purpose is to demonstrate to the patient that you are listening and trying to understand what they are saying
- Also allows you and the patient to clarify meaning and to make sure you are understanding them correctly

* Examples of Reflective Listening

- **Restating:** Repeating what the patient said
- **Paraphrasing:** Rephrasing by substituting synonyms or phrases, and staying close to what the speaker has said
- **Reflection of thoughts & feelings:** Emphasizing meaning and emotional aspects of communication



*Examples of Reflective Listening

- “So you feel like the amount of your drinking is not a problem for you”
- “It sounds like your daughter is really nagging you about your cocaine use”
- “You’re wondering if you’d be able to quit smoking because it was so hard the last time you tried”



*OARS: Summarizing

- Very similar to reflective listening
- In addition to building rapport and clarifying information with the patient, summaries are also helpful in calling attention to salient parts of the conversation and shifting attention or direction
- Summaries help you steer the conversation



*Types of Summaries

- *There are three main types of summaries that can be helpful during a counseling session:
 - ***Collecting** - allow the client to hear and process what he or she is saying
 - ***Linking** - allow the client to make connections with statements they've made
 - ***Transitional** - allow for a gentle change of topic, direction or tone of a conversation

*Examples of Summarizing

- “Let me see if I understand so far...”
- “Here is what I’ve heard. Tell me if I’ve missed anything...”
- “What you’ve said is important...”
- “Here are the salient points...”
- “Did I hear you correctly? ...”
- “We covered that well. Now let's talk about...”
- “In summary...”



* BI Techniques: OARS Review

➤ OARS

➤ Open ended questions

➤ *“Tell me about your alcohol use.”*

➤ Affirmations

➤ *“I’m really happy to hear you’ve cut your smoking down to only a couple cigarettes a day. That’s great progress.”*

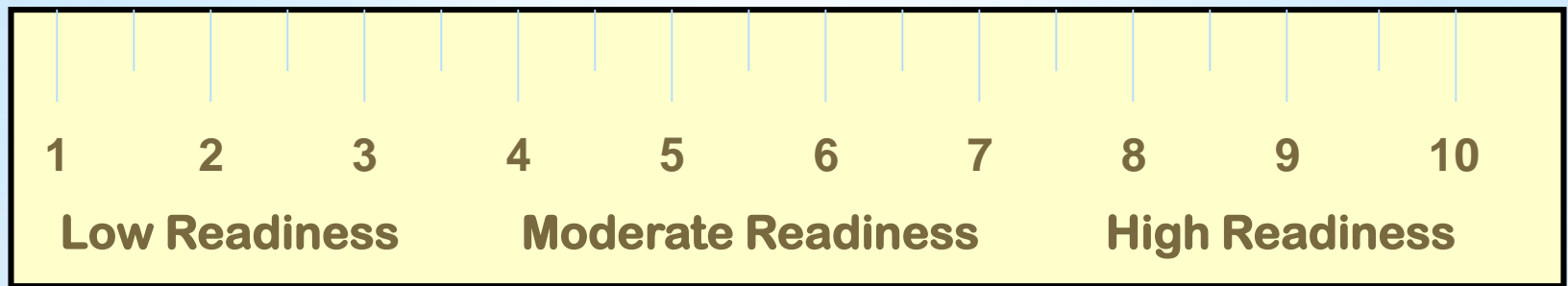
➤ Reflective listening

➤ *“So what I think I hear you saying is that you’d like to cut down or stop your cocaine use but it’s difficult when your partner also likes to use cocaine on weekends.”*

➤ Summarizing

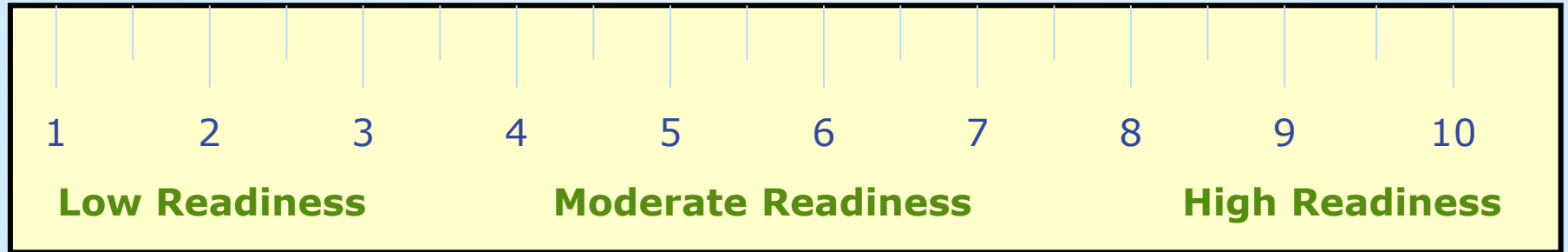
➤ *“It sounds like it’s been difficult dealing with your back pain, and at the same time, you are concerned you may be taking too many pain pills. You don’t want to have to rely on them so much.”*

* Assessing Readiness to Change a Specific Behavior



- * A ruler can be used to assess motivation, efficacy, and importance to change a patient's substance abuse behavior
- * Similar rulers can assess confidence to change

*Exploring Motivation



BUILDING MOTIVATION

- * Why are you at x and not y? (higher # first)
- * How did you get from x to y? (lower # first)
- * What stops you moving up from x to y? (lower # first)
- * What would have to happen for it to become much more important for you to change?
- * What would have to happen before you seriously considered changing?
- * If you were to change, what would it be like?

*Resistant or Not Ready?

- *Many patients are reluctant to change a behavior especially if they do not see it as a problem, believe it is useful, or are ambivalent about it
- *Lack of readiness becomes resistance when the individual feels they are being made to change or the change is being imposed on them
- *Forcing a change on someone creates resistance and rebellion
- *It is more functional to talk about readiness than resistance

*Final Considerations

- Key considerations about conducting Screening and Brief Interventions:
 - Demonstrate respect
 - Avoid stereotyping
 - Make sure the patient feels heard and understood
 - Elicit concern from patient about substance use
 - These practices can establish a trusting collaboration even when discussing a difficult topic

*Final Note

- *Brief Interventions for health risk behaviors, adherence, and early interventions is about saving lives
 - *Lives of patients and children
- *Pretending risk behaviors are not there will not make them go away (Substance abuse in particular)
- *Only you can make this happen for your patients
- *Practice is needed to become proficient
- *Patience is needed to foster change
- *How you can incorporate it into your standard practice is the challenge
- *To make the change you have to go through the same change process: Think, Decide, Prepare, Commit, Implement, Sustain