Behavioral Health and Diabetes Care: An introduction to Motivational Interviewing

Amy Walters, PhD
Licensed Clinical Psychologist
Director of Behavioral Health Services

Personal History

- Foundation in children and families
- Hodia diabetes camp -psychological impact of chronic illness
- Lack of professional support for behavior change
- Daughter with Type 1 diabetes

Behavioral Health at HDC

- In our 3rd year
- Assessment, consultation (inpatient & outpatient) & short-term therapy for patients and families
  - Focus on behavior change and coping
  - Variety of treatment issues
  - Type 1 and Type 2 of all ages
- Research, community education & outreach

Common Treatment Issues

- Depression
  - 20 to 30% (70% those with complications)
    - Medical costs are 50 to 80% higher
    - 7 times more likely to have a functional disability
    - Poorer compliance with diet and exercise

- Anxiety
  - Fear of needles, low BGs, adjustment

- Self-management issues
  - -Non-compliance
  - -Poor motivation
  - -Feeling stuck or burned out
- Stress and coping
- Family conflict

Model and Philosophy

- Biopsychosocial
- Stages of Change
  - Prochaska, transtheoretical model
  - 5 stages: Precontemplation, Contemplation, Planning, Action, Maintenance
- Grief and Loss
- CBT
- Motivational Interviewing

Motivational Interviewing

- Roots are in substance abuse intervention
- First published in early 90s by Miller & Rollnick
- Expanded to other health conditions
- Hundreds of randomized clinical trials and publications
- Studies in patients with diabetes have shown positive outcomes including improved A1C, weight loss, and self-management behaviors
- Activation of patient's own motivation for change and adherence to treatment

Motivational Interviewing

- Basic premise: How we speak with people about behavior change makes a difference
- Shift from expert role “I know what is best” to a guide role “you tell me what is best and let me guide you”
- MI is not a method, it is a style

Definition (Miller & Rollnick)

- Motivational Interviewing is..

  " A client-centered, directive method for enhancing intrinsic motivation for change by exploring and resolving ambivalence"

Key Elements of MI

- Collaboration
- Person Centered
- Guidance – encourages self-based problem solving
- Empathy – relationship is the foundation
- Elicit and strengthen motivation for change

3 Guiding Principles of MI

- Collaboration/partnership
  - "Guiding rather than directing and dancing rather than wrestling"
  - Collaborative conversations and joint decisions
- Evocation: elicit hows and whys from the patient
  - Rather than giving advice, we evoke motivation and resources for change
- Autonomy
  - Respect and support patient autonomy for decisions – directing and coercing leads to resistance

Common Communication Styles

- 3 common styles of communication for practitioners
  - Directing – advice giving
  - Guiding – empathetic listening and encouraging ideas
  - Following – listening only

- Guiding style provides the best outcome and most likely to lead to behavior change

Addressing Ambivalence and Resistance

- Back away from the problem
- Move to exploration and guidance
- Explore why and how might change occur

- Ambivalence is a normal phenomenon when considering change – resist the *righting response* (advice)

The RULE Principle

- Resist the righting response
  - Roll with resistance, invite perceptions, listen and reflect
- Understand motivation
  - Explore values for change, listen for core values & motivation
- Listen with empathy
  - Warmth & acceptance, reflection, safe connection
- Empower ability to change
  - Affirmation, evidence of ability to solve problems

Change Talk – A core principle

Goal: clarify ambivalence & elicit *change talk*

Change talk – statements that indicate the person's motivation for change

- Encourage change talk – listen, identify, reinforce
- The goal is for the patient to talk him/herself into changing
- Reflect: desire, ability, reasons, need, commitment, steps to action
- Ex: "I want to…, I could…, I need to…, I will…"

Core Skills of MI

- Ask – curious, open-ended questions
  - What worries you about…, What happens when…, What did you notice…Tell me more about….
  - Avoid closed questions that elicit yes/no responses
  - Attempt to elicit change talk
- Listen – empathy, reflection, reinforce and highlight change talk
- Inform – ask permission, provide choices, keep it short and simple, check for understanding (chunk, check, chunk)

Case Example

- Bob – 40 year old Caucasian male, 375 lbs
- Type 2 diabetes in poor control
- History of failed weight loss efforts
- "I don't like doctors, they are always telling me what to do and then getting mad when I don't do what they say"
- Important issues: Negative view of providers, issues with authority, anger, felt like a failure, not ready for action (contemplation phase)

Closing Comments

- Behavior change is a key element of diabetes management and needs to be a *key part of treatment*
- Many patients struggle to achieve behavior change, despite good intentions
- Traditional methods of "advice giving" may increase resistance to change
- MI is a research-based technique that may assist health care professionals to support patients in their behavior change efforts

References

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- *www.motivationalinterview.org*