Applying Motivational Interviewing in Primary Care: An Integrated Model

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Case Example #1: Warned about Non-adherence

- 14 year old adolescent with diabetes
- Monthly clinic visit – poor glucose reading 200
- Feeling depressed, alienated from peers
- Did not keep his dietary logs as he was advised to last visit
- Feeling embarrassed about it
- PCP “strongly advises” him to keep his logs and injection routine more faithfully

(Miller, Rollnick, & Butler, 2008)

Rationale for MI in Primary Care

- High nonadherence rates: 24.8% to 50% (Broekmans, 2010; DiMatteo, 2004; Shin et al., 2012; Zulman, 2012)

- $100-300 billion dollars annually (Iuga & McGuire, 2014)

- Largest MI effect sizes for weight loss, blood pressure, substance use (.38-.47) (Van Buskirk & Wetherell, 2014)

- May require as little as 1-3 contacts; once for 15-30 minutes may be effective
Rationale for MI in Primary Care

- PC is optimal point for screening for behavioral health concerns (e.g., 70% of adults 18-29 positive for self-reported unhealthy drinking) (Rose et al., 2015)

- Motivational enhancement: providing feedback in an MI-style (Dawson et al., 2014; Hasin et al., 2013; Lai et al., 2014; McDevitt-Murphy, et al. 2015)

Survey feedback, normative information, or other data provided evocatively, with autonomy support and acceptance, to increase importance in change

Three Primary Care MI-Delivery Approaches

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<tr>
<th>CO-LOCATED</th>
<th>WARM HAND-OFF</th>
<th>INTEGRATED</th>
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<tr>
<td>Referral made in PCP visit and psychologist delivers MI/MET in a session at a later date</td>
<td>10-15 minutes of MI/MET delivered after the PCP has completed the visit</td>
<td>Either PCP delivers MI/MET as part of the visit, or dual interviewing with PCP and psychologist</td>
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<td>option 2: Screening in PCP visit prior to referral</td>
<td>option 2: Screening in PCP visit prior to warm hand-off</td>
<td>option 2: Screening may be completed in visit</td>
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O.A.R.S. + P.A.C.E. (method & spirit) = Building Blocks of MI

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<thead>
<tr>
<th>O. A. R. S. + P. A. C. E. (method &amp; spirit)</th>
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<tr>
<td><strong>Open Questions</strong></td>
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<td><strong>A ffirmations</strong></td>
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<td><strong>R eflections</strong></td>
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<td><strong>S ummaries</strong></td>
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<td><strong>P artnership</strong></td>
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<td><strong>A cceptance</strong> (Absolute Worth, Autonomy Support, Accurate Empathy, Affirmation)</td>
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<td><strong>C ompassion</strong></td>
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<td><strong>E vocation</strong></td>
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Helping the Patient Make the Argument for Change

- Desire
- Ability
- Reasons
- Need
- Commitment
- Activation
- Taking Steps

Miller & Rollnick, 2013
Case Example #2: Taking Medication

- 50 year old female
- A1C: 10
- Ambivalence toward taking Metformin

- Patient identified 1 year health functioning goals.
- Patient identified discrepancy between her long-term goals and current behavior.
- Small, realistic, behavioral, short-term steps to work toward future.

Case Example #3: Going for a Stress Test

- 40 year old male
- Reported lightheadedness while exercising
- Referred for Stress Test after in office EKG
- Avoiding test due to beliefs of minimal risk

- Rolled with patient’s sustain talk/discord
- Amplified Reflection: Your physician is going overboard wanting to screen for heart disease.
- Reframing: It sounds like your physician is really focused on keeping you healthy, although the tools medicine has to do that feel invasive and over-the-top.

Case Example #4: Liver Transplant

- 64 year old male
- Doesn’t want to be on the transplant list
- “I may as well just give up and live for however long I have.”

- Expressed empathy
- Listened (avoided telling)
- Nonjudgmental
4 Processes in an MI Conversation

- Engaging: Self-disclosure, conversation continues, sense of safety
- Focusing: Mutually agreed upon behavior target, direction
- Evoking: Importance and confidence in change
- Planning: Ideas about how to change

MI Spirit: PACE

OARS

4 Processes & Brief Consultation

- Initiating the Session: establishing rapport, acceptance, empathy, autonomy support
- Gathering Information and/or Agenda Mapping: (PHQ, GAD-7, AUDIT)
- Building Motivation & Developing a Common Understanding: (evocation of CT, partnership)
- Planning and Closure: (evocation of ideas, autonomy support, partnership)

Brief MI in Consults: 3-Step CHANGE model (Martino et al., 2007)

**Step 1**
- C heck patient’s perspective (OQs)
- H ear what they said (Rs, Summaries)
- A void confrontation and arguing

**Step 2**
- N ote change priorities and commitments (Importance & Confidence Rulers)

**Step 3**
- G ive feedback after permission
  - ***may occur between steps 1 & 2 if MET
- E nd with summary of plans and follow-up
What makes you a 4 and not a lower number, say a 2? What makes it a little bit important to you today to change your diet?

At least 1 Reflective listening statement

What would have to happen for you to move from a ____ to a couple points higher?

At least 1 Reflective listening statement

Consult with Dan: 14 year old with Type II Diabetes

Focus Q: How has managing diabetes been for you over the past month?

Following (2-5 min)

Summary

Let me see if I have it all . . .

Agenda Mapping – depression, diet, exercise, stress from parents

Evoking CT (2-5 min)

I & C Rulers

Summary and Plan

Screening, Brief Intervention, & Referral to Treatment

• Evidence-based, PC-friendly approach that can incorporate MI

• Associated with reduced drug and alcohol use
  (Gryczynski, 2011; Kaner et al., 2007)

• Recommended at every adolescent preventive and all appropriate urgent visits

• Depression, alcohol, substance abuse: Higher referral rates (12.4% vs. 1%) and kept appointments (25% vs. 18%) at FQHC (Dwinnells, 2015)
Components of Brief MI in SBIRT

1. Raise the Subject (after screening)
2. Exchanging Information (elicit – provide - elicit)
3. Enhance Motivation
4. Plan Collaboratively

(Adapted from Kriss Haven and Kettering Health, 2014)

#1: Raise the Subject

“Would you mind taking a few minutes to talk with me about __________?"

“You’ve answered some questions already about drinking. Would it be all right to talk more about it?”

#2: Exchanging Information

- Respectful, collaborative way of providing information
- Particularly targets increasing importance of change
- A way of developing discrepancy between goals/values and behavior
  - can use norms, guidelines, self-reported consequences
Exchanging Information Cont’d

• **Elicit:**
  Ask Permission
  Clarify Needs or Prior Knowledge
  Ask about Interest
  Ask about Predictions

  (might only use 1 or 2 of these forms of eliciting here)

  “Would you be interested in learning what the survey you filled out said about ________?”

Exchanging Information Cont’d

• **Provide:**
  Tips for Providing the Information

  Give what they most want or need
  Give information in small pieces
  Avoid coercive tone/ “if-then” consequences
  Use objective language

  “For some people....”

  “Research shows....”

“According to the CDC...”

Based on our treatment guidelines, someone with your score . . .

PHQ-9 for Depression
Pyramid

Severe
15-19
Mod. Severe
10-14
Moderate
5-9
Mild

Giving Advice - Not a Mainstay of MI, but if you must do it . . .

- Engage first
- Use sparingly
- Ask permission
- Emphasize personal choice
- Follow advice with a menu of options

#3. IE & Enhancing Motivation

- **Elicit:** Check in to explore patient's understanding, interpretation, response

  “How well does that apply to you?”
  “What do you think about that?”
  “How might knowing this affect what you think about _____?”
What makes you a 6 and not a lower number, say a 2? What makes it a little bit important to you today to change your diet?

At least 1 Reflective listening statement

What would have to happen for you to move from a _____ to a couple points higher?

At least 1 Reflective listening statement

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**#4. Plan Collaboratively**

- Elicit patient’s next steps or ideas about planning first

  “Is this the right time for you to make a plan?
  “Where does that leave you in thinking about what you might do?”
  “What ideas do you have about where to begin?”

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**MI Resources**

[Image of MI Resources]
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References Distributed Separately & Available Upon Request