Motivational Interviewing (MI) to Increase Patient Adherence to Medical Regimens

Jack Stevens, Ph.D.
Psychologist, Nationwide Children’s Hospital
Associate Professor of Pediatrics, The Ohio State University

Why You Might Care About Today’s Presentation
• Technical proficiency
• Optimal clinical outcomes

Outline of Today’s Talk
• Discuss patient nonadherence and provider styles of communication
• Present overview of motivational interviewing
• Address possible concerns from providers regarding motivational interviewing
• Summarize how it may be inconsistent and consistent with health care trends

Opening Words of Caution
1. Motivational interviewing can be used by all types of health care providers who write proverbial behavioral prescriptions.
2. The essential components and indications for use are not fully known.
3. Motivational Interviewing = MI
4. Motivational Interviewing ≠ Motivational Speaking

Three Suppositions about Patient Nonadherence
• 1. Patient nonadherence to medical regimens is very common – work of DiMatteo (2004)
• 2. Insufficient motivation is a common contributing factor to nonadherence
• 3. The best intended and most intuitively appealing approaches to maximizing adherence sometimes work and sometimes do not work

Approach 1: Domineering Style
• “Show ‘em who’s boss”
• Two dramatic attempts to elicit compliance
• Emphasize your credentials to the patient
• Scare the patient regarding nonadherence to recommendations
• Can overwhelm or anger the patient, even if that is not the intent
• Psychological reactance
**Approach 2: Provision of Information**

- “Knowledge is power”
- Give a list of reasons behavior change should occur
- When there is a knowledge gap, some patients may benefit from this education.
- This information may not be consistent with other patients’ priorities.

**Approach 3: Say Nothing**

- “When in doubt, do nothing”
- Do not bring up sensitive topics
- Why anger/irritate the patient when the health care provider feel she/he has
  - A. Limited time to communicate
  - B. Little chance to produce change
  - C. Concerns the patient will be so turned off he or she will not return for possibly beneficial services in the future

**Motivational interviewing—another potential approach**

- “You can lead a horse to water, but you can’t make it drink.”
- Nonconfrontational style to help patients resolve ambivalence about a behavior
- Help patients identify their own personal reasons for change
- Provider reasons for change—health oriented
- Patient’s reasons for change—health, financial, legal, social, familial, cosmetic

**What are the origins of Motivational Interviewing?**

- Much of today’s presentation is based upon the work of William Miller, Ph.D., and Stephen Rollnick, Ph.D.
- Comes from the substance abuse field
- Greatest empirical support is for reducing alcohol abuse, but has been applied elsewhere, primarily for adult care
- Goal: Increase treatment attendance/adherence

**What are some likely steps in a motivational interviewing session?**

- Provide patient objective feedback
- Elicit reactions to feedback
- Ascertain patient rated importance for change to occur
- Review benefits of status quo and benefits of behavior change
- Emphasize patient’s self-control
- Ask for permission to provide your ideas

**Special Considerations for Following These Steps**

- Reasons for and against change can be surprising
- Certain goals may need to be broken down into multiple components
- Be careful about stating your opinions too strongly
What are some of its overriding principles?

- Open ended questions
- The patient talks as much, if not more than, the provider
- Lots of reflective statements back to patient – demonstrate empathy for the patient's circumstances
- Arguing and strong admonitions (e.g., “You must…” “You really should…” “You have no choice but to…” ) are avoided

Quote to Summarize Its Philosophy

- My [Health Care Provider's] job is not to push you [the patient] to make changes you aren't ready for. My job is to help you consider which ones you might be ready to think about.” -- Miller and Rollnick (1998)

Motivational Speaker #1

Motivational Speaker #2 – Chris Farley as Matt Foley

Provider Concern #1: “I do this already. Tell me something new.”

- Many health care providers follow parts of this approach.
- Literature suggests that coaching and personalized feedback, on top of a 2 day workshop, are needed for proficiency in motivational interviewing techniques.
- Please pardon the overgeneralization on the next slide.

What are aspects of motivational interviewing that are atypical in routine care?

- Ascertain patient’s self-importance for change to occur
- Review benefits of status quo
- Emphasize patient’s self-control
- The patient talks as much, if not more than, the provider
Provider Concern #2: “Motivational Interviewing takes too much time.”
- Relatively brief motivational interventions (1-4 sessions) have been developed.
- Individual clinics may need to consider:
  - (1) asking patients to return for follow-up
  - (2) targeting a subset of patients
  - (3) selecting personnel who are the most feasible deliverers of motivational interviewing
  - (4) non-clinic based services (e.g., follow-up telephone calls to patients at their homes)

Provider Concern #3: “Motivational Interviewing doesn’t reflect the real world.”
- Motivational interviewing probably would not change behavior for young kids.
- External consequences, both positive and negative, often change behavior.
- Motivational interviewing might work for caregivers, adolescents, and adults.

Provider Concern #4: “Motivational Interviewing is not realistic for my patients.”
- Limited abstract thought processes
- Fatalistic thinking
- Looking forward: What will happen if you continue this way?
- Looking backward: Tell me about the last time you experienced [drawback of unhealthy behavior].

Provider Concern #5: “Motivation is not sufficient to improve health.”
- Motivational interviewing often can not be a stand alone intervention.
- Instead, motivational interviewing can prepare patients to receive other interventions.

Possible Contraindications for Motivational Interviewing
- The patient is extremely motivated to follow your advice.
- The patient does or should not have autonomy over decisions.
- The patient requires immediate or short-term care.

Possible Indications for Motivational Interviewing
- The patient is angry or irritated.
- The patient is disengaged (e.g., disinterested, minimizes problems).
- The patient is asked to engage in challenging health promoting behaviors over time.
- Previous communication approaches have not worked.
How might motivational interviewing be inconsistent within today’s HC environment

- Somewhat time intensive to learn, refine, and utilize these techniques
- Need to identify ways to reimburse this service
- Evidence-based, but more scientific study is needed, particularly outside substance abuse field

How might motivational interviewing be consistent within today’s HC environment

- Customer friendly
- Reduce health care provider frustration/burnout
- Culturally competent care

Further Resources About Motivational Interviewing

- Website Containing Bibliography, Training Dates, and Information on Videos of Motivational Interviewing Sessions (e.g., Motivational Interviewing Professional Training Series 1998) – motivationalinterview.org
- Website About Currently Funded Grants – projectreporter.nih.gov

Two Opportunities To Gather Your Insights

- Jack.Stevens@nationwidechildrens.org
- Questions and comments from the audience today