Motivational Interviewing: Communication Skills to Support Patient-Centered Care

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Learning objectives

After completing this module participants will be able to:

• **Identify** the value of Motivational Interviewing (MI) as a way of communicating with patients to support patient-centered care.

• **Describe** the role of listening and empathy in supporting patient’s change efforts.

• **Utilize** three core MI skills to handle “sticky situations” with patients.
What is Motivational Interviewing?

“Motivational interviewing is a collaborative conversation for strengthening a person’s own motivation and commitment to change.”

Source: Miller & Rollnick, 2013 pg. 12
Two aspects of Motivational Interviewing

A way of being
MI involves a general way of being with a patient that demonstrates respect and care and allows them to feel safe, cared for, and an active partner in change.

A way to communicate
MI uses key communication skills to demonstrate respect and empathy and facilitate change.
Spirit of MI

Partnership

Acceptance

Evocation

Compassion
“What role do you see yourself playing in supporting patient’s change efforts?”
Why should you learn about MI?

• A key part of this initiative is increasing the likelihood patients will follow through with appointments. Support staff are important in this area.

• Support staff are usually the first point of contact with the patient and the initial interaction can set the tone for the entire visit.

• A recent study of 35,000 doctors nationwide found that 96% of complaints are the result of customer service and only 4% are due to patient care. (King & Baum, 2016)

• Most importantly, it may make your job easier!
Using the Spirit of MI at first contact

**What:** Several healthcare organizations involved in a process improvement initiative decided to implement the Spirit of MI into their first contact with patients.

**How:** Use open-ended questions and empathic conversation to welcome and connect with clients.

**Results:**
- Sinnissippi Centers reduced the first appointment no-show rate from 58% to 14%.
- PROTOTYPES reduced first appointment no-shows from 36% to 10%.
- Boston Public Health Commission reduced no-show rate by 41%.

(Source: NIATx Promising Practices www.niatx.net)
Listening well

MI starts with good listening.
Empathy

They saw “something” on her mammogram.

Play video from Cleveland Clinic
Accurate empathy
Communication breakdown

1. What the Speaker means
2. What the Speaker says
3. What the Listener hears
4. What the Listener thinks the Speaker means
“Most people do not listen with the intent to understand; they listen with the intent to reply.”

Source: Stephen Covey, The Seven Habits of Highly Effective People
Three key MI skills

1) Reflective Listening
2) Open-ended Questions
3) Affirmations

Helpful skills for increasing patient’s readiness to change and dealing with “sticky situations.”
Reflective listening
What is reflective listening?
Thinking reflectively: Exercise

1. Split up into triads – 1 speaker and 2 listeners; each person will take a turn being a speaker.

2. Each person shares a personal statement, filling in the blank: One thing I like about myself is _______

3. Listeners respond with “Do you mean that_____”, filling in the blank with their guesses (up to 5).

4. The speaker responds with only “yes” or “no” to each guess.
Using reflective listening

**NO:**

“Do you mean...?”

**YES:**

Use a statement, not a question.

Examples: “You...”

“So you...”

“It’s like...”

“You feel...”
Patient: I thought since my appointment was the first thing in the morning I wouldn’t have to wait so long.

Reflection: One of the reasons you made your appointment for 8:00 a.m. was to avoid the wait and you’re frustrated it is taking so long to get in.
How might this look in your work?

**Patient:** I would really like to see my regular doctor, but I guess she won’t be available next month.

**Reflection:** I get it, It’s hard to see a new doctor.
Your turn to practice

Statement 1:
**Patient:** I’m so glad I was able to get in today, I really needed to be seen.
• Come up with two reflections for this patient statement.

Statement 2:
**Patient:** I hope I don’t have to wait forever to see the doctor today.
• Come up with two reflections for this patient statement.
Open ended questions

• Gather broad descriptive information

• Require more of a response than a simple yes/no or fill in the blank

• Often start with words such as:
  • “How…”
  • “What…”
  • “Tell me about…”
Ambivalence

A normal part of the change process.
Caution: Avoid the righting reflex
MI and ambivalence – example 1

A patient has been asked to by his doctor to make an appointment to see the behavioral health provider and you can tell he doesn’t really want to do it.

Patient: Dr. Mautner wants me to make an appointment with the behavioral health provider to talk about my anxiety. But I don’t know if I really want to.

Support staff: You are not sure you want to make this appointment and at the same time you really want some help with your anxiety.

Patient: Yeah I really do.
MI and ambivalence – example 2

Support staff: What might be the advantage of at least seeing a behavioral health provider for one session?

Patient: I guess it wouldn’t hurt to check it out.

Support staff: That’s great that you are willing to give it a try, for at least one appointment. Should we go ahead and schedule you?
Affirmations

• Affirm the patient’s efforts, strengths, abilities, values, & skills.

• A good affirmation is:
  • Specific
  • Genuine
  • Relevant to the conversation
  • Based on good listening
Affirmations – a few examples

“You are a great advocate for your Mom.”

“Being responsible and timely is important to you.”

“Your time is valuable.”

“You have been really patient with this process. Thank you.”

“Your diligence around making sure your insurance will cover your services is impressive.”
Using MI skills to deal with “sticky situations”
Reflection exercise: gripe session

• Find a partner.
• Talk about something at work or home that you feel frustrated / angry about.
• Listener: provide a reflection capturing the values you hear underneath the “gripe”
MI skills demonstration video

Play the BMJ Learning video
Practice session

Form groups of three and you will each be assigned a scenario.

Practice using the MI skills you have just learned about on this worksheet to respond to a sticky situation” with a patient.

Be prepared to share one or two of your favorite responses with the regular group.

Debrief in the larger group.
Let’s review

Motivational Interviewing supports a lot of work we are all doing in the clinics.

MI is a way of being with people that builds trust and supports change efforts.

Empathy is at the heart of MI and it can be demonstrated by listening well.

Using reflections and open-ended questions can really help you deal with sticky situations.
Resources for more on MI

• Talk with your clinic’s MI champion and/or your behavioral health specialist (if you are in a clinic setting) if you have additional questions.

• The book “Listening Well: The Art of Empathic Understanding” by William Miller is a great resource for the non-clinician. Available at Amazon.

• If you want to take an introductory MI course, try the 4-hour self-paced course called “Tour of Motivational Interviewing”, available for free at healtheknowledge.org (search for MI from the home page).
Final questions or comments?
Thank you for your time and attention!