

# Health Homes Program

## INTRODUCTION TO MOTIVATIONAL INTERVIEWING



*June 2019*

# TRAINING PURPOSE

- Provide basic information to health plan and community-based care management entity (CB-CME) staff on motivational interviewing and direct them to resources for additional information.
- DHCS recommends that all staff providing Health Homes Program (HHP) services receive training on motivational interviewing.

# WHAT IS MOTIVATIONAL INTERVIEWING?

“Motivational interviewing is a clinical approach that helps people with mental health and substance use disorders and other chronic conditions such as diabetes, cardiovascular conditions and asthma make positive behavioral changes to support better health.

The approach upholds four principles: expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy (client’s belief s/he can successfully make change).”

Source: SAMHSA - [SAMHSA Motivational Interviewing Resources](#)

# WHAT IS MOTIVATIONAL INTERVIEWING?



“Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”

- Miller & Rollnick 2012

# MOTIVATIONAL INTERVIEWING CORE PRINCIPLES

- **Partnership:** Collaborate with members to achieve sustainable outcomes
- **Acceptance:** Accept the member's autonomy, cultural beliefs and stage of change
- **Evocation:** Solutions should come from the member rather than the provider
- **Compassion:** Acknowledge that change is hard and celebrate small steps



# HOW MOTIVATIONAL INTERVIEWING FITS INTO THE HHP

Motivational interviewing should be used to provide member-centered care as part of all HHP services including:

- Building initial rapport and trust with the member
- Assessing the member's wishes and needs
- Developing the Health Action Plan
- Implementing the Health Action Plan
- Providing HHP services
- Monitoring progress of the Health Action Plan
- As part of care coordinator, community health worker, and other care team interactions and communication with members

# HOW MOTIVATIONAL INTERVIEWING FITS INTO THE HHP

- HHP enrollees, due to eligibility criteria, are more likely to need support in making lifestyle changes than the general patient population
- HHP providers are uniquely positioned to facilitate behavior and lifestyle change
- Diverse HHP care teams offer an array of tools to support lasting change

# HHP CARE TEAM

- A range of staff provide HHP services to members, including but not limited to: Care Coordinator, HHP Director, Clinical Consultant, Housing Navigator, and Community Health Workers
- The HHP Program Guide specifies that the role of Care Coordinators and Community Health Workers involves using motivational interviewing practices (Program Guide II.B.2)
- Other staff providing HHP services may also find motivational interviewing practices to be useful



# WHY USE MOTIVATIONAL INTERVIEWING?

- It is a person-centered approach
- Change is hard
- Ambivalence to change is normal
- Resistance to change is normal
- Lifestyle change improves chronic disease management
- Lifestyle change improves behavioral health treatment
- Lasting change is important for long-term health and well-being

# EVIDENCE-BASED RESULTS

Motivational interviewing has been shown to:

- Improve medication adherence for members with chronic disease<sup>1</sup>
- Improve health outcomes related to:<sup>2</sup>
  - Health behaviors
  - Obesity/weight loss
  - Diabetes
  - Hypertension
  - Health behavior change in older adults
  - Substance use
  - Mental health
- Positively impact ethnic minority populations<sup>3</sup>

# EFFECTIVENESS RESEARCH

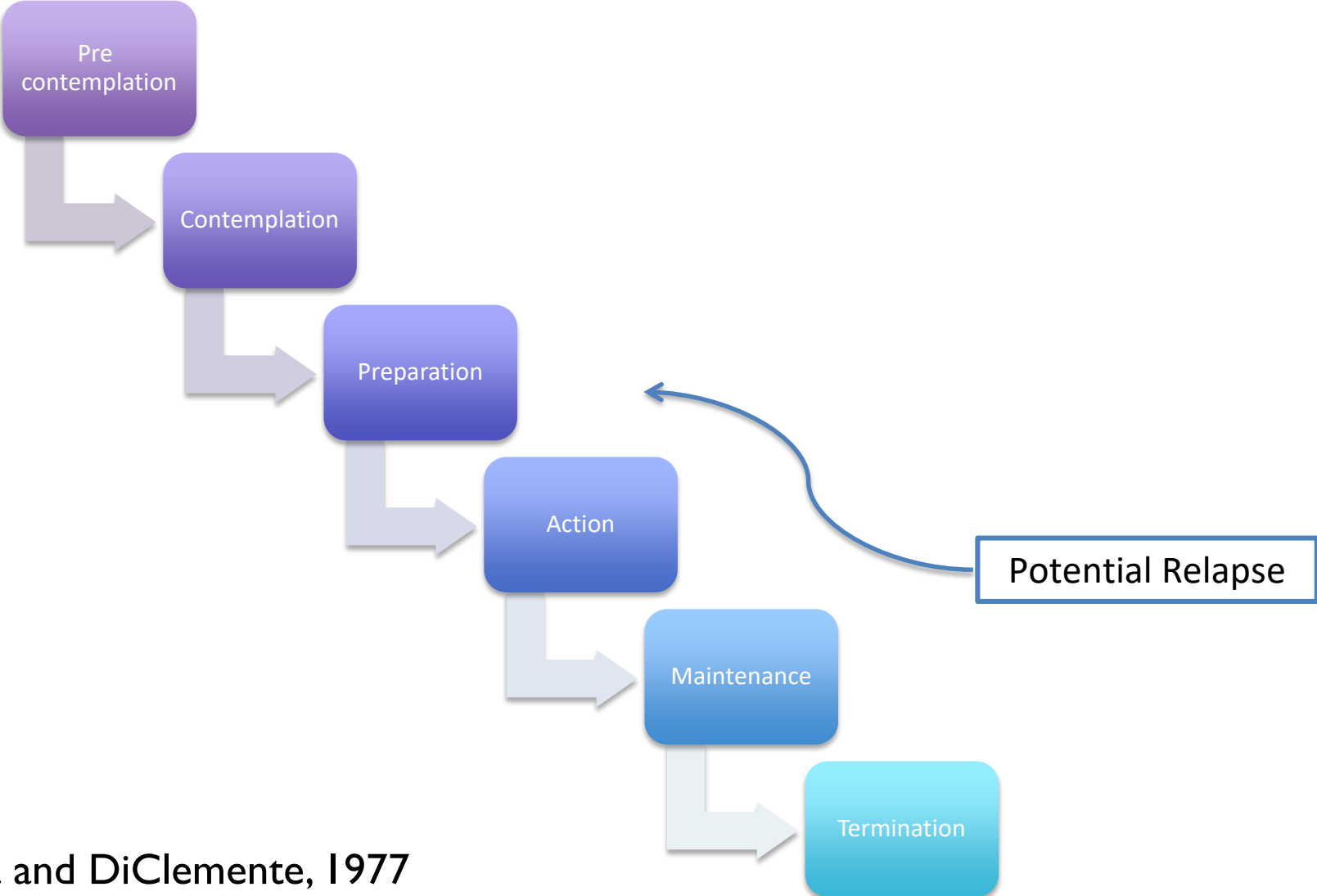
1. [Effectiveness of Motivational Interviewing Interventions on Medication Adherence in Adults with Chronic Diseases: A Systematic Review and Meta-analysis](#). Zomahoun et al. *International Journal of Epidemiology*, Volume 46, Issue 2, April 2017, Pages 589–602.
2. [Motivational Interviewing Network of Trainers](#). An international organization committed to promoting high-quality motivational interviewing practices and training.
3. [Motivational Interviewing](#). Hettema J, Steele J, Miller WR. *Annu Rev Clin Psychol*. 2005;1:91-111.

# STAGES OF CHANGE

- Motivational interviewing is based on the understanding that people experience different stages of readiness for change
- Identifying the stage a member is currently experiencing can impact the way providers interact with the member and help determine the most effective intervention
- The stages of change is not a linear model and each person experiences readiness for change differently

Source: [Handbook of Psychotherapy Integration](#) (page 147)

# STAGES OF CHANGE



Source: Prochaska and DiClemente, 1977

# PRE-CONTEMPLATION

- During this stage, the person:
  - Does not intend to take action in the short-term (within 6 months)
  - May not be aware of how their current lifestyle harms their health
  - Might underestimate the benefits of behavior change
  - May focus on the difficulties of behavior change

Example: A person who smokes cigarettes does not see the harm that cigarettes have done to his body. They say, “I went to the doctor and I don’t have lung cancer so I don’t need to quit.”

# CONTEMPLATION

- During this stage, the person:
  - Intends to make behavior change in the short-term (within 6 months)
  - Understands that current behavior may be problematic or harmful
  - Engages in practical consideration of the pros and cons of behavior change
  - May still feel ambivalent or resistant toward behavior change

Example: A person who smokes cigarettes started to notice having shortness of breath while walking up the stairs. They say, “I can’t walk as fast as I used to and I keep coughing. I might need to do something soon.”

# PREPARATION

- During this stage, the person:
  - Is ready to take action and make changes within the next 30 days
  - Will start to take small steps toward the behavior change
  - Believes that behavior change will lead to better health

Example: A person who smokes cigarettes recognizes they become out of breath when walking, and that cigarettes are expensive. They say, “I need to cut back. I don’t know how but I need to smoke less.” Their provider prepares them to start using nicotine patches and to find a counselor to work with them through this change.



# ACTION

- During this stage, the person:
  - Has recently made changes in behavior (within the last 6 months)
  - Intends to maintain behavior change
  - May acquire new healthy behaviors and habits

Example: A person who used to smoke cigarettes started using nicotine patches to help reduce their smoking habit. They say, “I haven’t bought cigarettes in 2 weeks!” The person also sees a counselor to discuss strategies to work through cravings and how their health status will improve with time.

# MAINTENANCE

- During this stage, the person:
  - Has sustained behavior change for more than 6 months
  - Intends to maintain behavior change
  - Works to prevent relapse to earlier stages
- Most members tend to stay in maintenance stage

Example: A person who used to smoke cigarettes has not smoked a cigarette for 4 months. They say, “I can finally walk up and down my stairs without taking a break and I have more money to go to the movies.” The person checks in with their counselor 1-2 times per month to discuss any cravings or issues they experience.

# TERMINATION

- During this stage, the person:
  - Has no desire to return to unhealthy behaviors
  - Feels confident about avoiding relapse
- This stage is rarely reached
  - Many people remain in the maintenance stage
- This stage is not often relevant for health promotion programs

Example: A person who used to smoke cigarettes has not smoked a cigarette for over 1 year. They say “I don’t even think about smoking anymore. My life is so much better without cigarettes. I can’t even stand the smell anymore!”

# MOTIVATIONAL INTERVIEWING OARS SKILLS

- Below are the basic interaction techniques and skills used in the motivational interviewing approach:
  - **O**pen-ended questions
  - **A**ffirmation
  - **R**eflective listening
  - **S**ummarizing



Source: Miller, W.R., & Rollnick, S.; Motivational Interviewing: Preparing People for Change, 2nd Edition. New York: Guilford Press, 2002.

# WHY USE OPEN-ENDED QUESTIONS?

- Build trust and create a safe environment
- Develop a respectful relationship
- Gain valuable information and understanding about the member's situation
- Learn about the member's culture, beliefs, life history and circumstances
- Facilitate the member's decision-making

# OPEN-ENDED QUESTIONS EXAMPLES

- What small change might you be willing to make?
- Why would you want to make this change?
- If you made this change, how might your daily life change?
- If you made this change, how might your life look 3 years from now?
- If you decide to make this change what are 2-3 things you could do right now to get started?

# COLLABORATION THROUGH OPEN-ENDED QUESTIONS

Providers should rephrase “push” phrases into “pull” phrases to empower and support members. For example:

## PUSH

- You should because...
- It's important because...
- Here's how to change it...
- You must...
- I have the answer...
- Let me tell you...

VS.

## PULL

- Why might you consider?
- In what way is this important?
- How might you about...
- You might...
- You have the answer...
- Let's help you find your way.

# WHY USE AFFIRMATION?



- Demonstrate empathy
- Affirm positive behaviors, motivations and capacity
- Support self-efficacy and build member's confidence in ability to make change



# AFFIRMATION EXAMPLES

- “I’m so glad you came in today, I know you travel a long distance to be here.”
- “You’ve made progress since the last time we spoke.”
- “How do you feel after cutting back on your soda for the past two weeks?”



# WHY USE REFLECTIVE LISTENING?

- Demonstrate empathy
- Allow the member an opportunity to be heard
- Facilitate the member's thought process by creating an opportunity to hear his or her words reflected back out loud
- Offer the member a chance to clarify statements after hearing them reflected back



# REFLECTIVE LISTENING EXAMPLES

- “I hear you saying...”
- “I noticed you just....”
- “You’re telling me that you’re feeling...because...? Tell me more about that.”
- “So you’re saying that you want to...and you’re telling me you....That must be really difficult.”
- “I hear you saying that you’re not ready to make this change.This is a big change.”

# WHY USE SUMMARIZING?



- Moves the session to a close
- Sets up next steps for member and provider
- Establishes expectations for next session

# SUMMARIZING EXAMPLES

- “Let’s go over some of the ideas you came up with.”
- “Let’s go over what we talked about today.”
- “What can you do between now and our next visit?”
- “What should we focus on the next time we meet?”

# **WHAT DOES MOTIVATIONAL INTERVIEWING LOOK LIKE IN PRACTICE?**

# CASE STUDY

The member is a 55-year-old man with unmanaged diabetes and a Body Mass Index of 33. He also has high blood pressure and mentioned to his provider that he drinks alcohol everyday. He feels tired most of the time and doesn't want to leave the house very often. He doesn't really understand diabetes and blood pressure, other than the numbers he is supposed to keep track of. Managing his conditions is not his primary priority. He is motivated by wanting to get out of the house and visit with friends, and go to movies and baseball games.

# EXAMPLE 1: DISEASE MANAGEMENT APPROACH

**CC:** “How are you doing today?”

**M:** “I’m ok, I guess.”

**CC:** “I see here that your A1c levels are a bit high and your weight is up a bit since your last visit.”

**M:** “Yeah.”

**CC:** “You know, with diabetes, weight management is really important. I have some handouts I can give you with some exercises and nutrition ideas. How does that sound?”

**M:** “OK.”

CC=Care Coordinator    M=Member



# EXAMPLE 1: MOTIVATIONAL INTERVIEWING APPROACH

**CC:** “How is your diabetes affecting you right now?”

**M:** “ I don’t feel good most days. I can’t walk very far, so I don’t go out much any more.”

**CC:** “That must be very frustrating.”

**M:** “Yes, it is.”

**CC:** “I hear you saying that you would like to be able to go out? What do you think is the first step toward being able to do that?”

**M:** “I’m not sure. Maybe losing some weight would help.”

**CC:** “That sounds like a good idea and I agree that it would help. What’s one small step you might take to start losing some weight?”

**M:** “ I guess I could cut down on potato chips.”

**CC:** “How about if we go over together some ideas that have worked for other people in your situation? Would that be OK with you?”

**M:** “Sure.”

# EXAMPLE 2: DISEASE MANAGEMENT APPROACH

**CC:** “How’s the diet going?”

**M:** “Not so good.”

**CC:** “I see here that you haven’t gained any weight since your last visit. That’s good, but we still need to work on losing some weight to help with the diabetes.”

**M:** “Yeah, I know.”

**CC:** “Would you like to meet with a nutritionist who can give you some meal plans and shopping lists?”

**M:** “OK.”

# EXAMPLE 2: MOTIVATIONAL INTERVIEWING APPROACH

**CC:** “Last time we talked, you were thinking about ways to lose some weight. How is that going for you? ”

**M:** “ Not so great. I try to cut out bad foods, but then I get hungry and end up eating more.”

**CC:** “It sounds like you’re trying really hard.”

**M:** “Yes, I am.”

**CC:** “I can imagine this must be really frustrating. Let’s take this one small step at a time. What is one thing you think you can do for the next two weeks?”

**M:** “Well, I could stop buying chips and donuts so that I don’t have to see them in the cupboard.”

**CC:** “That sounds like a really smart way to start. Can we try that and talk again in a couple of weeks to see how it’s going?”

**M:** “That sounds good.”

# EXAMPLE 3: DISEASE MANAGEMENT APPROACH

**CC:** “How are you doing?”

**M:** “I’m good.”

**CC:** “Are you still drinking over 5 beers everyday?”

**M:** “Sometimes I drink more and sometimes I drink less. It just calms me down when I get stressed.”

**CC:** “You know that is extremely bad for your health. You should stop. Try drinking water instead of beer.”

**M:** “Okay.”

# EXAMPLE 3: MOTIVATIONAL INTERVIEWING APPROACH

**CC:** “Thanks for coming in today. How are you? How has your drinking been going?”

**M:** “I am doing okay today. I have been drinking everyday but try to count my drinks on my phone so I know how many I have everyday.

**CC:** “That’s great. It’s good to hear that you are more aware of how many drinks you consume. Are there other goals that you would like to work on? Have you thought about drinking water in between each beer? How does that sound?”

**M:** “I could probably do that. I might as well try it.”

**CC:** “I think that’s a great start and something you could count on your phone as well to keep track. Do you have social support while you are going through this?”

**M:** “I haven’t been to one but my sister said she would go to one with me. I just don’t know where to go and when the groups happen.

**CC:** I have a schedule here that I can give you on your way out, I think it’s a great idea to try them out.

# EXAMPLE 4: DISEASE MANAGEMENT APPROACH

**CC:** “How are you feeling today? Your blood pressure is 140 over 90. This is very high and concerning.”

**M:** “Yeah I’ve had high blood pressure for a while, it runs in my family.”

**CC:** “There are changes that you can make, like eating lower sodium foods and exercising. It would be really good for you to start making those changes to improve your health.”

**M:** “I can try.”

**CC:** “I have a pamphlet on low sodium foods that I’ll give you. You could also start by walking every day.”

**M:** Okay.

# EXAMPLE 4: MOTIVATIONAL INTERVIEW APPROACH

**CC:** “Your blood pressure is high today, how are you doing?”

**M:** “I’m doing okay. I feel stressed a lot and just don’t have time to focus on my health.”

**CC:** “I understand. I know you have a lot going on right now and don’t have much time on your hands. Often changing the food we eat or exercising can lower blood pressure and make you feel better. Are you open to either of these?”

**M:** “I’ve been thinking about trying to find a way to walk with others. I usually have some time on weekday mornings.”

**CC:** “You’re saying you’d like to be part of a group to help you stay more motivated?”

**M:** “Yes.”

**CC:** “That’s a great idea. Let me see what I can find for you.”

# MOTIVATIONAL INTERVIEWING TRAINING FOR STAFF

- To help HHP staff use a motivational interviewing approach, they must be trained on how to incorporate it into their every day interactions with members
- It is important for staff who work with HHP members to be aware of their own preconceptions/opinions as they think about how to effectively communicate with members



# MOTIVATIONAL INTERVIEWING TRAINING FOR STAFF

Examples of ways for staff to assess their preconceptions include:

- **Unconscious bias:** An automatic prejudice, based on past experiences, in favor or against one thing, person, or group compared to another.
- **Speak vs. listen:** Listen to members' needs and ask thoughtful, respectful, and culturally competent questions.
- **Prioritize member goal(s) and preferences:** Incorporate member preferences and goals in developing their Health Action Plan.

# REFERENCES

[Treatment Improvement Protocols. Enhancing Motivation for change in Substance Abuse Treatment. Chapter 3—Motivational Interviewing as a Counseling Style. SAMHSA. \(1999, Rockville, MD\)](#)

[SAMSA-HSRA Center for Integrated Health Solutions website. Motivational Interviewing](#)

[Motivational Interviewing Network of Trainers](#)

[Community Care of North Carolina Motivational Interviewing Training](#)

# HHP INFORMATION & RESOURCES

**DHCS Health Homes Website** – [bit.ly/HealthHomes](https://bit.ly/HealthHomes)

- Program Overview
- Outreach & Education Materials
- Trainings & Program Resources

**Questions? Comments?**

Email [hhp@dhcs.ca.gov](mailto:hhp@dhcs.ca.gov)