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A Resource Center for Today's Case Manager

How Can Motivational Interviewing Help Clients With Health Behavior Challenges?



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Agenda

- Welcome and Introductions:
 - Nancy Freeborne, DrPH, MPH, PA-C
Senior Advisor for Educational Programming
Health2 Resources
 - Patricia Nunez, MA, CRC, CDMS, CCM
Director, Office of Claim Supply Management
CNA Insurance

- Presentation:
 - Andrew Kurtz MA, LMFT
Clinical Specialist & Co-Director, Pacific Mental Health Awareness Training
UCLA Health



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Learning Outcomes

After this presentation, the successful participant will be able to:

1. Identify which clients may benefit from working with an MI specialist;
2. Explain the psychological basis and evidence for the MI approach;
3. Recognize which health behavior problems would be amendable to changing via MI;
4. Differentiate those clients who need alternate communication approaches; and
5. Describe the training and certification of MI experts.

Exam Prep Resources



Quiz App



Practice Exam



Glossary App



Certification 360
Virtual Workshops



Printable
Glossary



Exam Prep
References



8-Week
Prep Circuit

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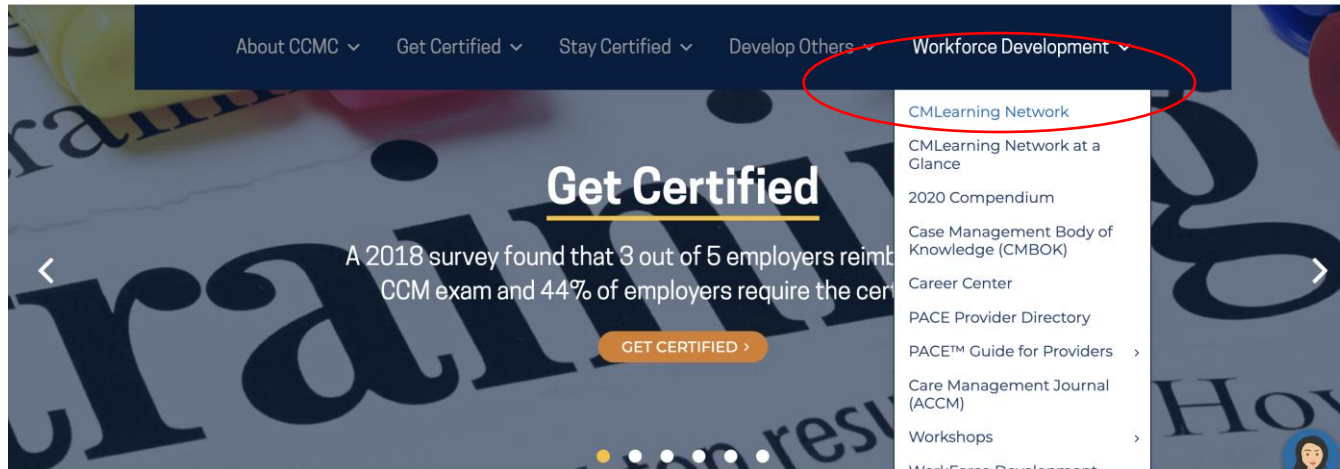
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Commission for Case Manager Certification



SEARCH



Get Certified

A 2018 survey found that 3 out of 5 employers reimburse CCM exam and 44% of employers require the cert

[GET CERTIFIED >](#)

- About CCMC ▾
- Get Certified ▾
- Stay Certified ▾
- Develop Others ▾
- Workforce Development ▾**
 - CM Learning Network
 - CM Learning Network at a Glance
 - 2020 Compendium
 - Case Management Body of Knowledge (CMBOK)
 - Career Center
 - PACE Provider Directory
 - PACE™ Guide for Providers >
 - Care Management Journal (ACCM)
 - Workshops >
 - WorkForce Development

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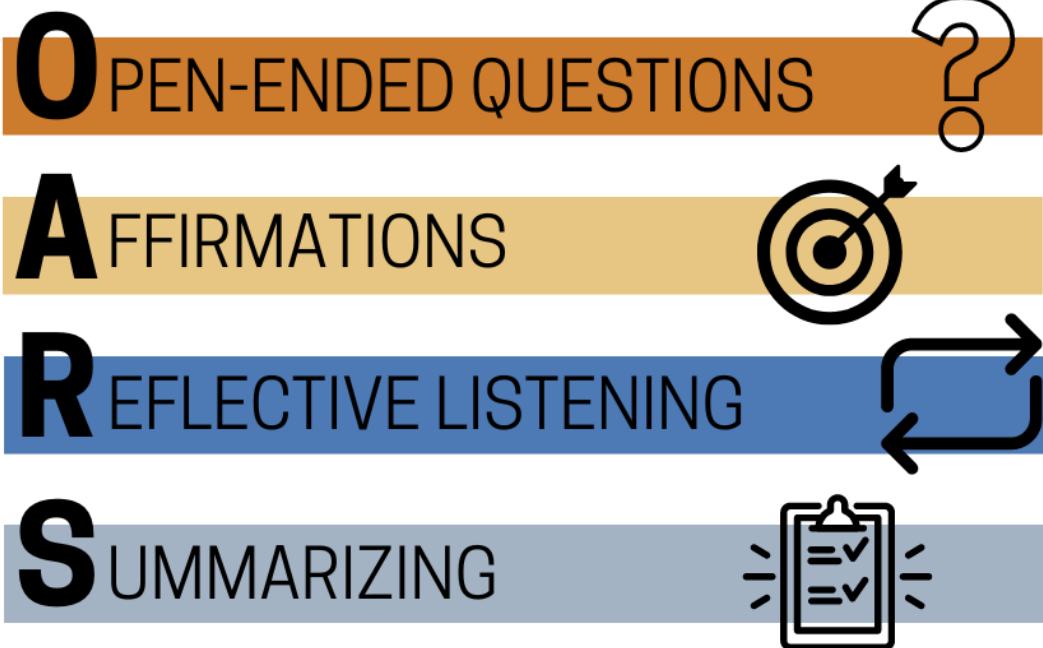
How Can Motivational Interviewing Help Clients With Health Behavior Challenges?



Patricia Nunez, MA, CRC, CDMS, CCM
Director, Office of Claim Supply Management
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Motivational Interviewing (MI)

- Client-centered, therapist-directed
- Encourages behavior change
- Proven to help with substance use disorder, diet, exercise¹
- Mnemonic device for basic approach: OARS



Proprietary to CCMC®

1. Burke BL, Arkowitz H, Menchola M. The efficacy of motivational interviewing: a meta-analysis of controlled clinical trials. *J Consult Clin Psychol.* 2003;71(5):843-861. doi:10.1037/0022-006X.71.5.843

A Motivational Interviewer:



- Engages the client
- Guides the client to focus on what is important
- Uncovers client motivation and ideas for behavior change
- Develops a plan for change

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How Can Motivational Interviewing Help Clients With Health Behavior Challenges?



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Motivational Interviewing: How Can MI Help with Health Behavior Challenges?

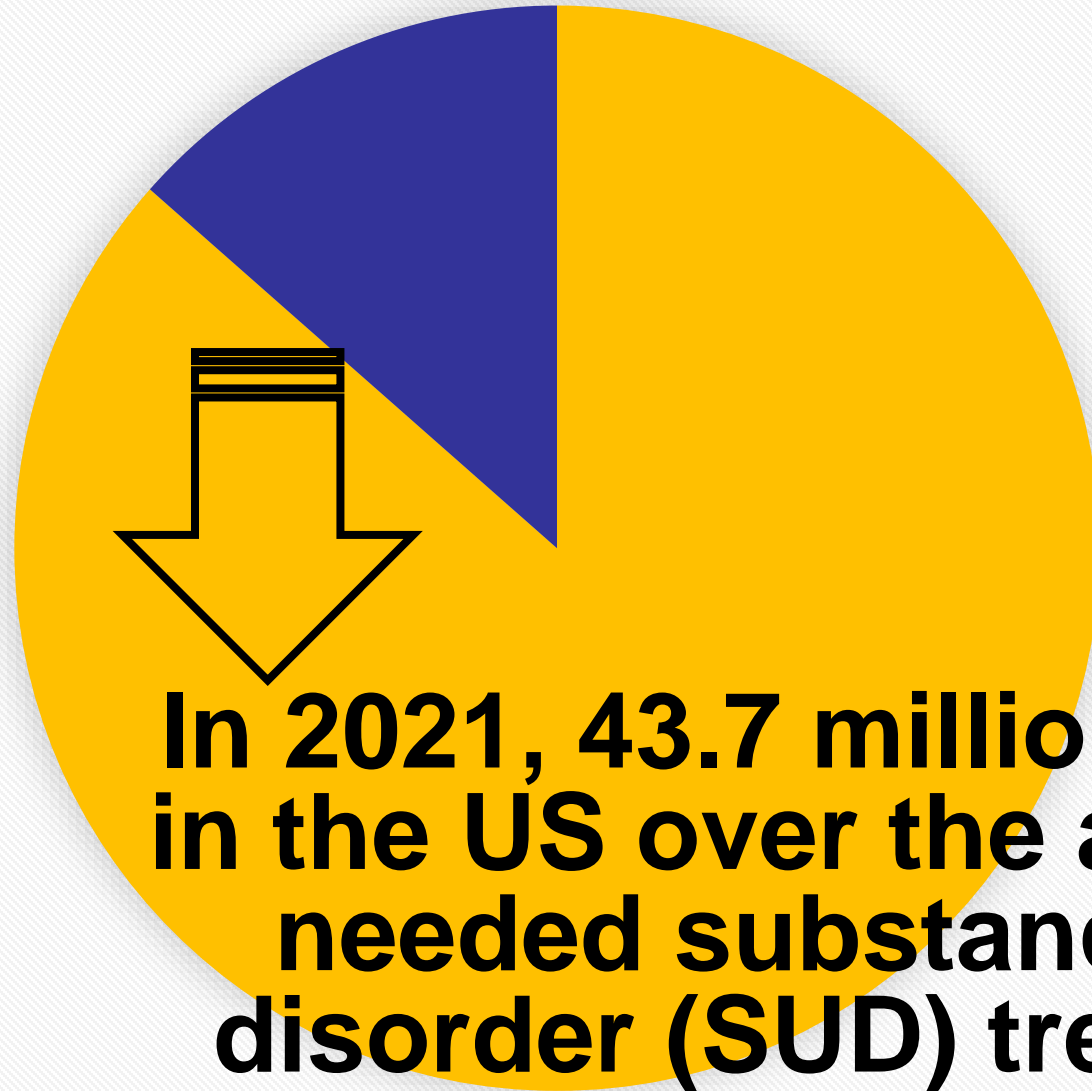
Andrew Kurtz, MFT



Motivational Interviewing: The Evidence

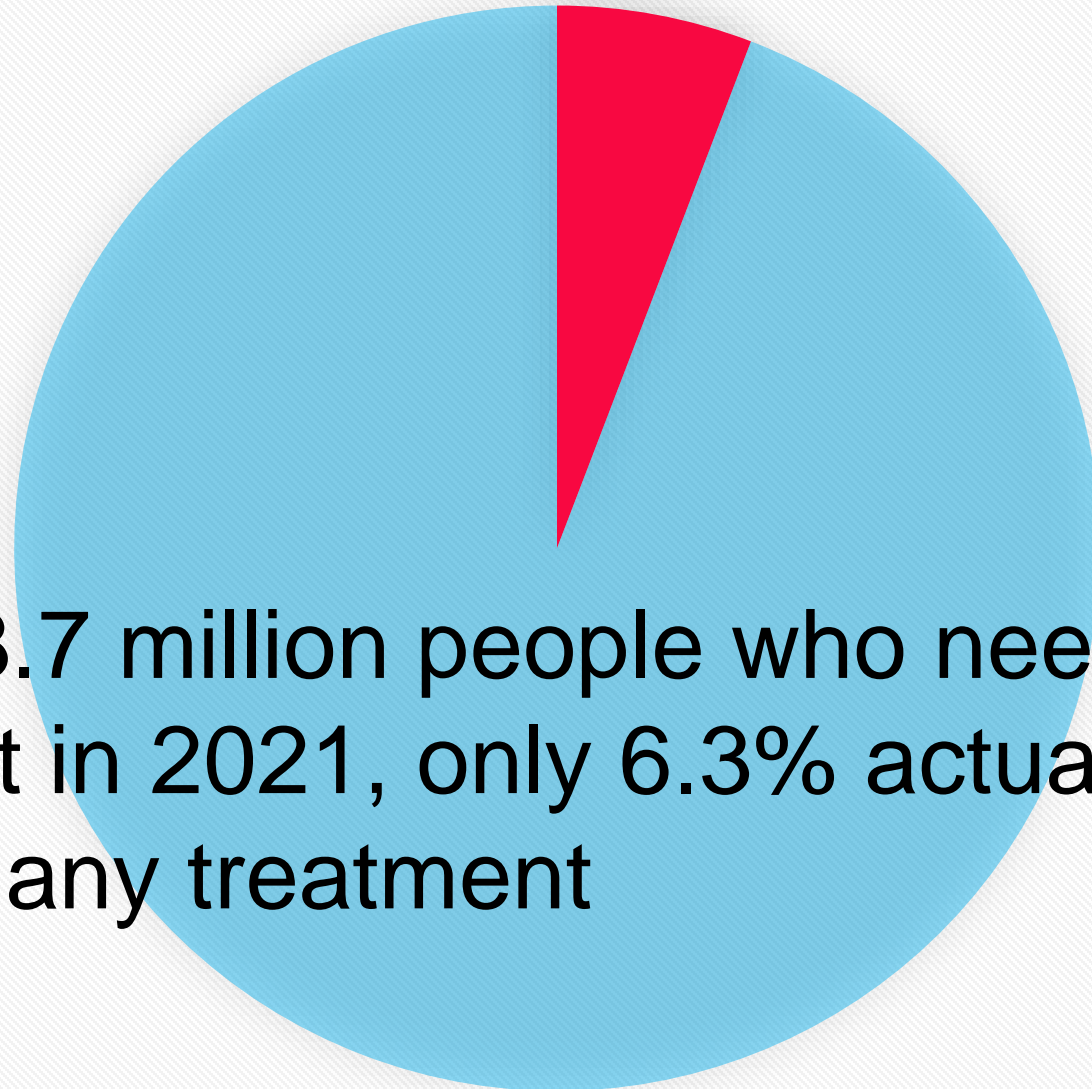
- ★ Brief, low cost
- ★ Efficacy in triggering changes in high-risk lifestyles
- ★ Effective across a variety of clinical settings
- ★ Compatible with healthcare delivery
- ★ Reduces burnout
- ★ Enhances engagement

Why Talk About Motivation?



In 2021, 43.7 million people in the US over the age of 12 needed substance use disorder (SUD) treatment

Why Talk About Motivation?



Of the 43.7 million people who needed treatment in 2021, only 6.3% actually received any treatment

What are we talking about?



What does
“**motivation**”
mean to you?



What is Motivational Interviewing?

Developed by William Miller (U New Mexico), Stephen Rollnick (Cardiff University School of Medicine), and colleagues over the past three decades. Miller and Rollnick (2012, p. 29) define MI as:

“MI 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.”

The Benefit of MI

- MI has been shown to be effective across a range of settings, populations, and languages
- Effective for a range of presenting concerns: health, fitness, nutrition, risk sexual behavior, treatment adherence, medication adherence, substance use, mental health, gambling, parenting
- Compares well to other evidence-based practices in research studies

What MI is NOT

- Not based on the transtheoretical model
- Not a way of tricking people into doing what they don't want to do
- Not a technique/prescribed steps
- Not a decisional balance
- Does not require assessment feedback
- Not a form of CBT
- Not *just* client-centered counseling
- Not a panacea

Understanding How People Change: Models

Activity: Listener/Counselor

Listener:

- Tell them how much they **need** to change
- Give them list of **reasons** for doing so
- Emphasize the **importance** of changing
- Tell them **how** to change
- Assure them that they **can** do it
- Don't waste time with too many questions
- Pressure them to get on with it

Helping Styles

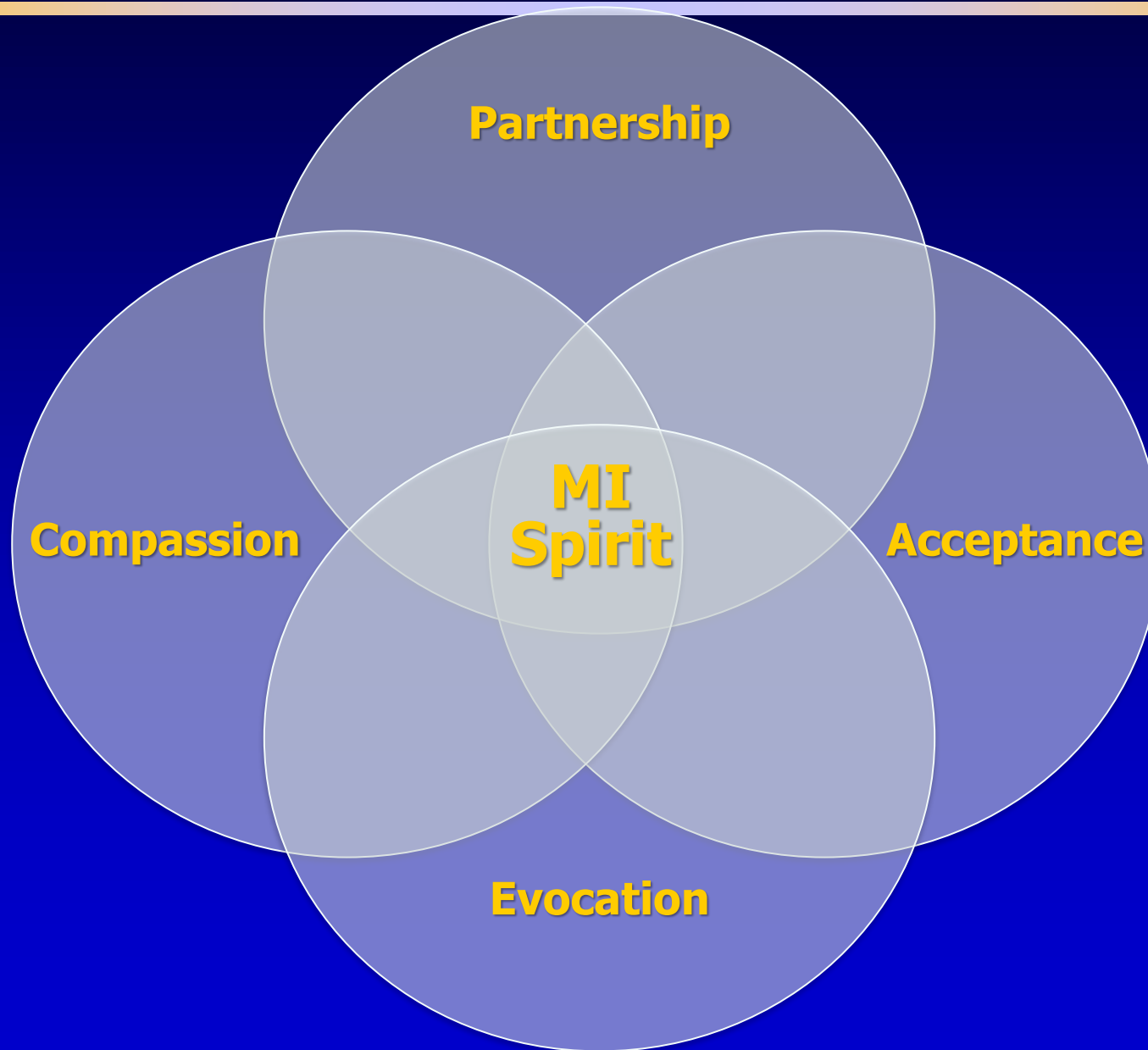
- Directing
 - “I know what you should do, and here’s how to do it.”
- Following
 - “I trust your wisdom, and will stay with you while you work this out.”
- Guiding
 - Incorporates elements of both



Inspiring Coach/Mentor/Teacher

- Think of someone who has helped you accomplish something important
- What characteristics did you most appreciate about them? What made them effective at coaching/guiding you?

The Underlying Spirit of MI



The Concept of Motivation

- Motivation is influenced by the clinician's style
- Motivation can be modified
- The clinician's task is to elicit and enhance motivation
- *“Lack of motivation” is a challenge for the clinician's therapeutic skills, not a fault for which to blame our clients/patients*

The Concept of Ambivalence

- Ambivalence is normal
- Clients usually enter treatment with fluctuating and conflicting motivations
- They “want to change and don’t want to change”
- *“Working with ambivalence is working with the heart of the problem”*



Value Sorting Task

- Review the list that's been provided on the following slide
- On your own, sort the values into three categories – very important, somewhat important, not important
- Consider asking the questions:
 - 1. What are your top values?
 - 2. What is important about those values for you?
 - 3. Which values are less important to you?
 - 4. What is something you feel like you could do in your everyday life that would align with your values that you're not doing already?

Identify 10 values that are important to you:

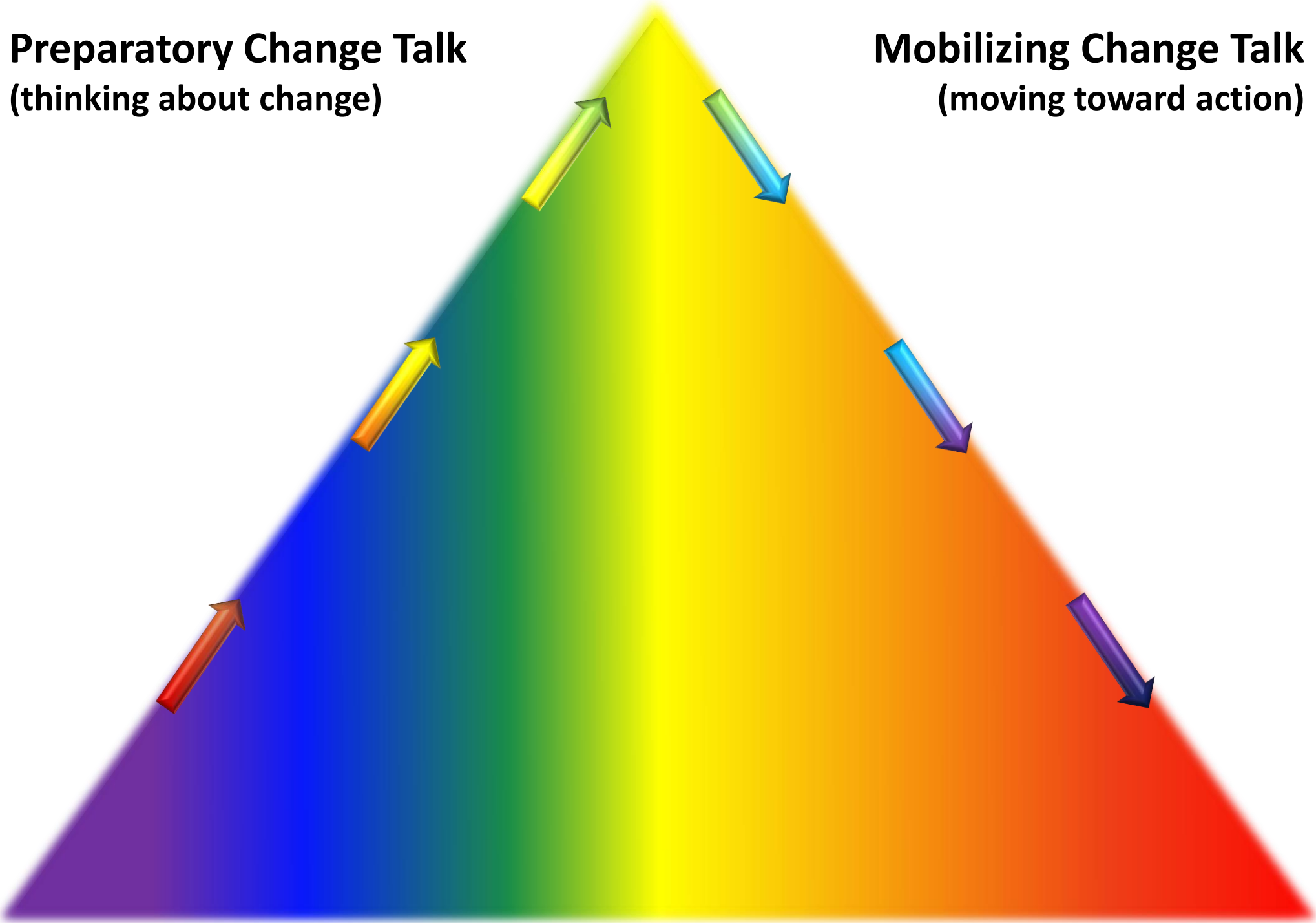
Acceptance	Contribution	Freedom	Integrity	Openness	Self-Control
Accuracy	Compassion	Friends	Intimacy	Order	Self-Esteem
Achievement	Cooperation	Fun	Joy	Passion	Self-Knowledge
Adventure	Courtesy	Generosity	Justice	Pleasure	Service
Attractiveness	Creativity	Growth	Knowledge	Popularity	Sexuality
Authority	Dependability	Health	Leisure	Power	Simplicity
Autonomy	Duty	Helpfulness	Love	Purpose	Solitude
Authenticity	Ecology	Honesty	Loving	Rationality	Spirituality
Beauty	Excitement	Hope	Mastery	Realism	Stability
Benevolence	Faithfulness	Humility	Mindfulness	Responsibility	Tolerance
Caring	Fame	Humor	Moderation	Risk	Tradition
Challenge	Family	Independence	Monogamy	Romance	Virtue
Change	Fitness	Industry	Non-conformist	Safety	Wealth
Commitment	Flexibility	Inner Peace	Nurturance	Self-Acceptance	World Peace

Where do I start?

- What you **do** depends on where the client/patient **is** in the process of changing
- The first step is to be able to **identify where they are**

Preparatory Change Talk
(thinking about change)

Mobilizing Change Talk
(moving toward action)



MI: Principles

Motivational interviewing is founded on 4 basic principles:

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy

MI MicroSkills (the OARS)

Core Skills

- **O**pen-Ended Questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummarizing



Open-Ended Questions

- Are difficult to answer with brief replies or simple “yes” or “no” answers.
- Contain an element of surprise; you don’t really know what the patient will say.
- Are conversational door-openers that encourage the patient to talk.
- *Is this an open-ended or closed-ended question?*

Open and Closed Questions Quiz

- 1. Don't you think your drinking is part of the problem?**
- 2. Tell me about when you were able to quit smoking.**
- 3. How is it going with managing your pain meds?**
- 4. Do you know you might die if you don't stop using?**
- 5. What do you want to do about your drinking?**
- 6. Can you tell me about what you know about your heart condition?**

Keeps the person talking...

- Tell me about your drug use.
- What's that like for you?
- What was your life like before you started drinking?
- How do you want things to end up when you're done with supervision? Where do you want to be?
- What other ideas do you have? What else might work for you?

Core Skills

- **O**pen-Ended Questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummarizing



OARS: Affirmations

(Positive Reinforcement)

- Must be authentic
- Supports and promotes confidence and self-efficacy
- Acknowledges client's challenges
- Validates client's experiences and feelings
- Reinforcing successes reduces discouragement & hopelessness



Affirmations

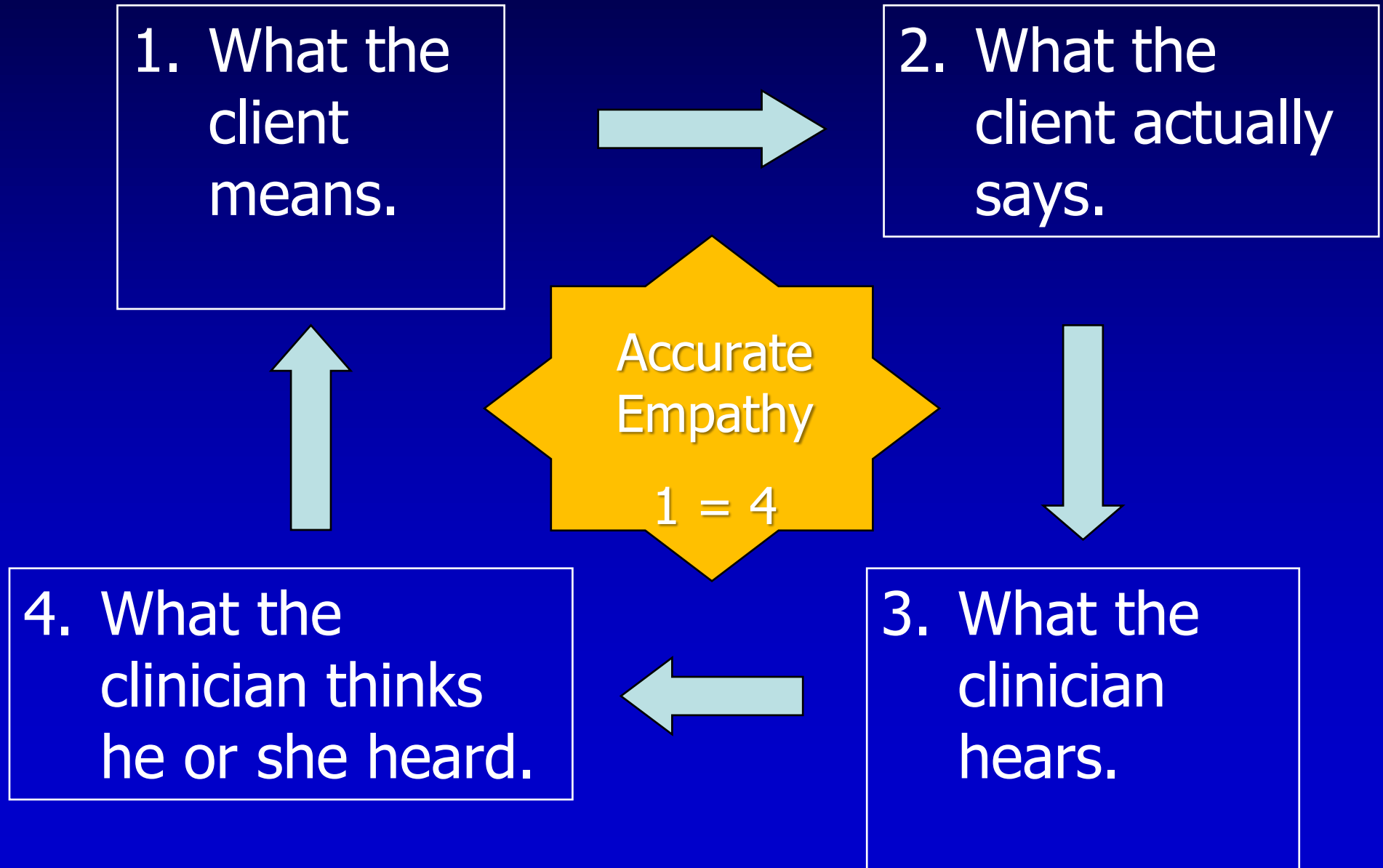
- Catch them doing something right!
 - Support person's persistence
 - Recognize effort
 - Assist person in seeing positives
 - Support individual's strengths
 - Support their confidence

Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing



The Communication Cycle



Reflective Listening

Reflective Listening

What it is NOT: listening for the purpose of diagnosing and fixing a problem



Types of Reflective Statements

1. Simple Reflection (repeat)
2. Complex Reflection (making a guess as to underlying meaning)
3. Double-Sided Reflection (captures both sides of the ambivalence)



Reflections

- “I’m so tired of feeling this way. My depression is taking over my life.”
 - “Well, you could take your meds and stop drinking. That might help.”
 - *No – that’s not listening and is judgmental. I want to tell him what he needs to do (stop drinking, complete treatment, really apply himself this time, take his medication) but I need to understand. How does he feel? Why is he tired? Does he mean that he’s unsure if he’ll ever be able feel “normal”? Does he feel overwhelmed with his life? Does he feel inadequate about his ability to cope? Does he not want to be on medication? **Now make it a reflection.***
 - “Life is overwhelming right now and you feel you don’t have the ability to cope.”
 - “You’re worried that you may not feel normal again.”
 - “You’re scared that this is really affecting your relationship with your wife.”

Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing



Summary Statements

Collection



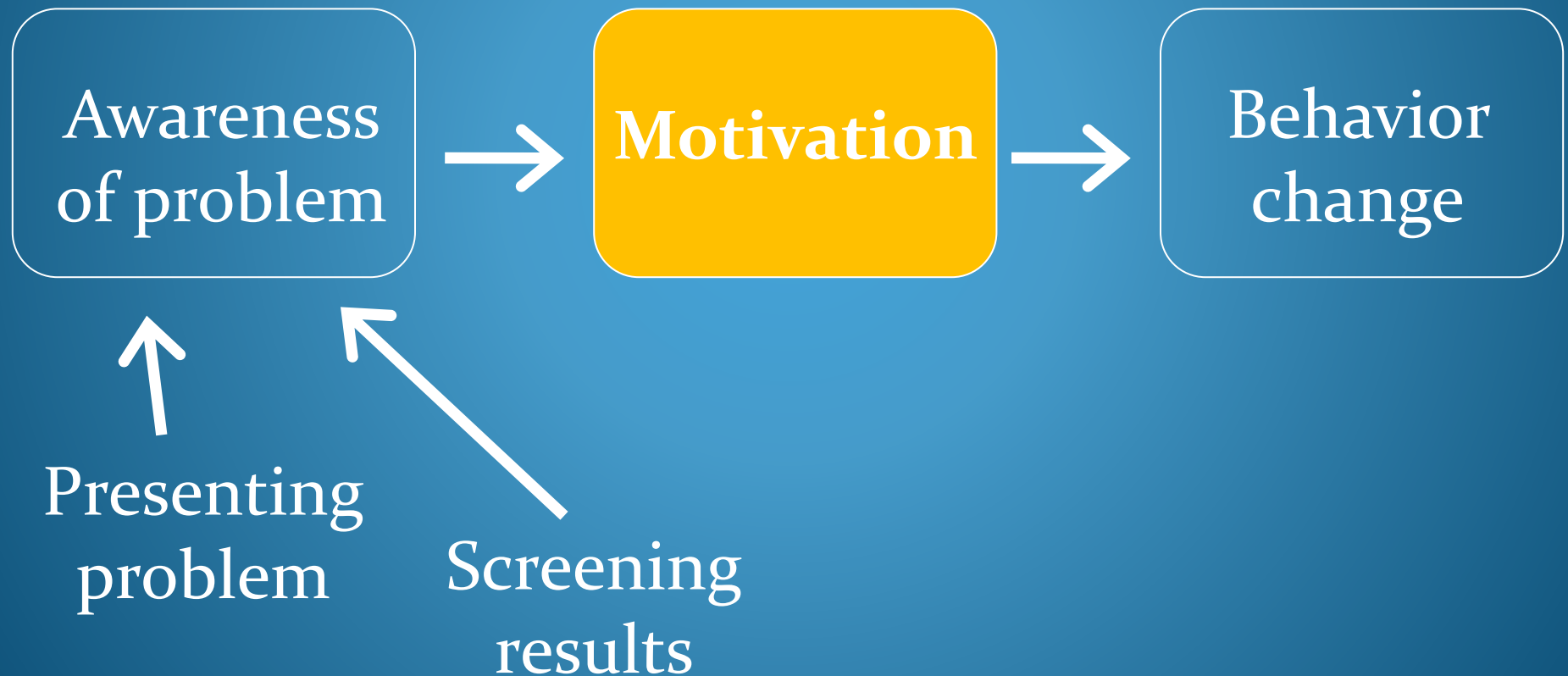
Linkage



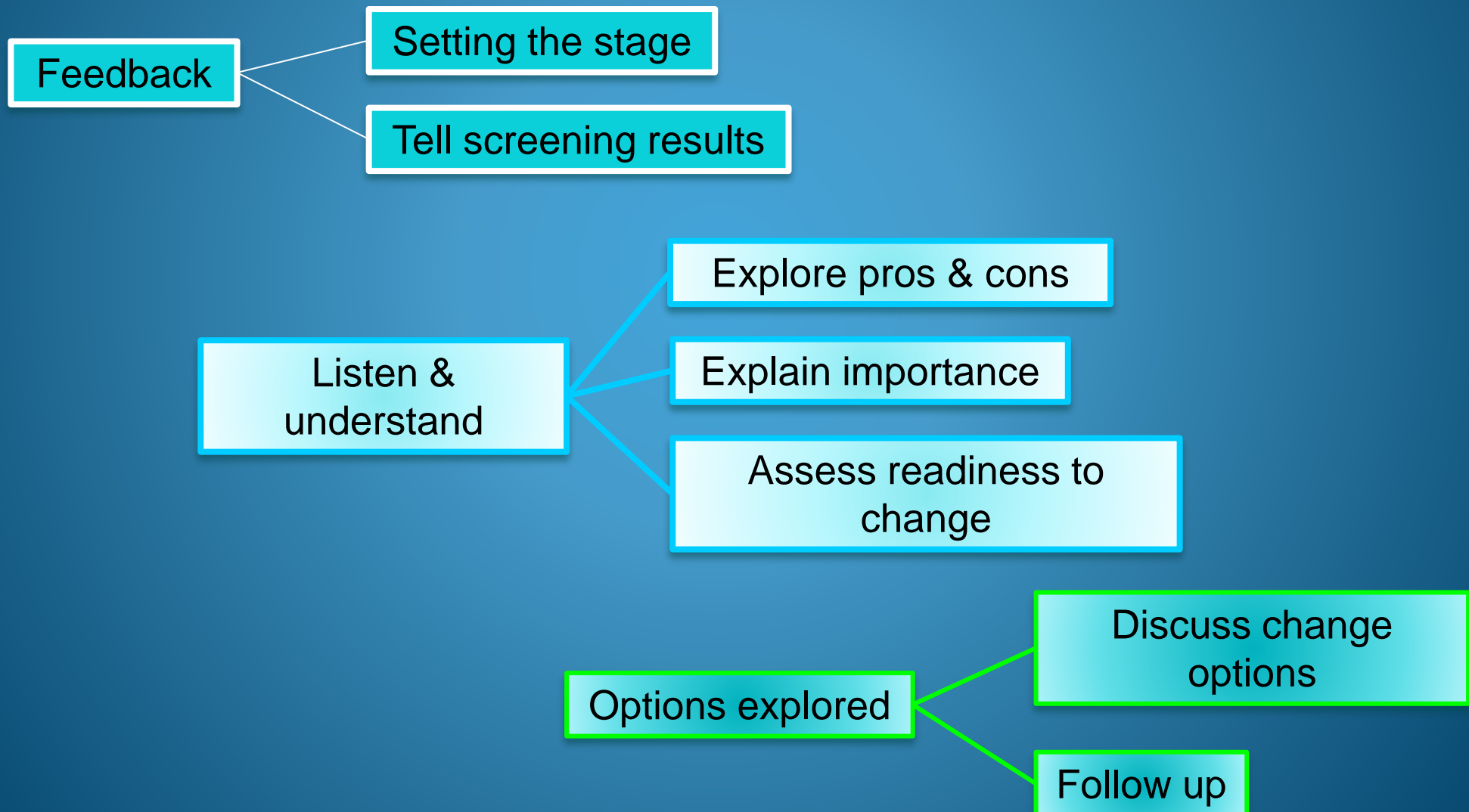
Transition



Goal of Brief Interventions



How Does It All Fit Together?



Additional Information on MI

- Motivational Interviewing Network of Trainers (MINT): <https://motivationalinterviewing.org/>
- ATTC e-learn:
<https://attcnetwork.org/centers/global-attc/event/tour-motivational-interviewing-healthknowledge-online-course>

Thank You!!

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Q&A



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Closing Remarks



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Thank you!

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