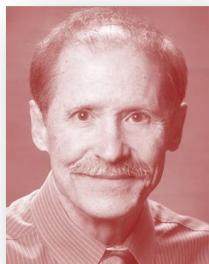


NDEP Webinar Series

Motivational Interviewing: How and Why It Works for People With Diabetes



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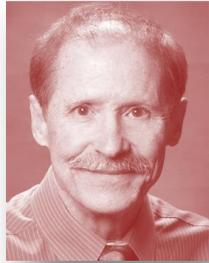
Luana Hester
Diabetes Peer Mentor
KIPDA Rural Diabetes
Coalition
Kentuckiana Regional
Planning & Development
Agency

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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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A program of the National Institutes of Health and the Centers for Disease Control and Prevention

Welcome and Introductions



Carol L. Mallette, MA

Director, Diabetes Outreach and Education

Director, Prenatal Access to Care Team

Southern Jersey Family Medical Centers, Inc.



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MOTIVATIONAL INTERVIEWING: Perspectives on Concepts, Training, and Specific Applications

Jan Kavookjian, PhD, MBA



Motivational Interviewing (MI) Background

- Behavior change complex, individual
- MI: Communication skills set AND way of being
 - Patient-centered (preferences, literacy level, cultural tailoring)
- MI origins in addictions/counseling fields
- Applications evolved to health care settings
 - Health promotion, disease prevention, chronic disease management
- Evidence base expanding rapidly



“We tend to believe what we hear ourselves say.”

–Rollnick, Miller ,& Butler (*Motivational Interviewing in Health Care*, 2008, p. 8.)

- Facilitate patient’s own decision-making:
 - Get patient input *before* giving input or advice.
 - Let the patient make the argument for change.
 - Interview to elicit internal motivation.





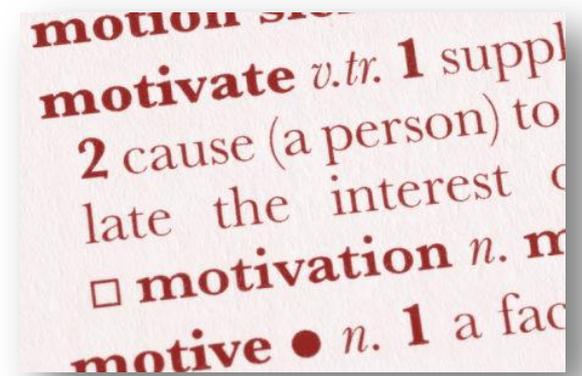
The Motivation Conundrum

- Internal motivation is required for lasting change; all patients have something internal that is important to them.
- External push/pull strategies prevail and do more harm than good. Patient responses:
 - Either: Feel violated, so resist further and do nothing.
 - Or: Make a very temporary effort at change and experience failure for the relapse.



MI Way of Being: “Spirit of MI”

- Collaboration
- Evocation
- Supporting patient autonomy
- Being caring, nonjudgmental
- Patient-centered
- Active listening
- Requiring a mindful act of will for most





MI Communication Principles

- Expressing empathy
- Developing discrepancy
- Rolling with resistance
- Avoiding argumentation
- Supporting self-efficacy





MI Micro Skills

- Early: Establish patient understanding about diagnosis, risks, susceptibility.
- Support patient autonomy by using agenda setting, asking permission to give information/advice, and asking open-ended questions.
- Engage the patient in change talk: the patient talking about reasons, need, benefits for change.
- Set incremental goals to build self-efficacy.





MI Is Intuitive, but Requires Training and Practice

- “Training health care providers very different from training counselors
- More than a 2-hour overview
- Training*: minimum 2 days, >1 role play, MI expert feedback, follow-up training/practice

*(Miller WR. From the desert: Confessions of a recovering trainer. *Motivational Interviewing: Training, Research, Implementation, Practice*. 2013;2. Doi: 10.5195/mitrip.2013.30.)



Application: Pharmacists' Diabetes Program for Medication Adherence

- Controlled trial, 10 MI-trained pharmacists, and pharmacy residents, varied U.S. practice settings
- MI structured communication interventions at monthly medication refills for 6 months
- Result: Increased medication adherence
- Result: Increased satisfaction

(DOTx.MED. Pharmacist-delivered interventions to improve care for patients with diabetes. *Journal of American Pharmacists Association* 2012;52(1):25-33.)



Southern Rural Minority Diabetes Education Project

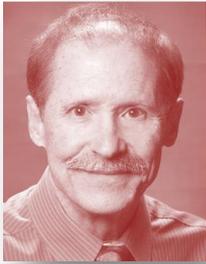
(Funded by the American Association of Diabetes Educators)

- Community with 14.2% diabetes prevalence
 - Minority, poverty, rural (30 miles from accredited diabetes education program (American Diabetes Association))
- Two 10-week diabetes education classes
- Brought into the community at familiar sites
- Cultural tailoring, literacy level, lay helpers, community relationships (churches, civic leaders, Medicaid Care Network case managers, Cooperative Extension agents, local media)
- Improvements on all target outcomes



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LEARNING AND IMPROVING MI USE IN YOUR PRACTICE

Marc Steinberg, MD, FAAP



Learning How to Use MI in Your Practice

- The good news is that MI is learnable.
- Although MI is easy to understand, it is difficult for many to learn because it's skills-based.
- However, research on learning MI has shown that skills strengthen with training.
- Learning MI is not dependent on a person's educational history.





Listening is *a challenging skill for many of us.*

- When using MI, we listen carefully to differentiate change talk, sustain talk, and signs of ambivalence.
- Good listening skills help us create better reflections and enhance reflective listening.
- Patients *always* offer us feedback.



Learning MI Takes Time

- MI isn't mastered by attending a 2-day workshop.
- It takes both practice and coaching.
- *What's coaching?*
How does it work?
Why would it help me!





Coaching

- When people want to learn to play the piano, they engage an instructor to help them.
- The same thing can be done to learn or improve MI skills:
 - ✓ Go to trainers' profiles at motivationalinterviewing.org.
 - ✓ Record interviews and receive feedback.
 - ✓ Build a local MI group that focuses on learning and sharing.





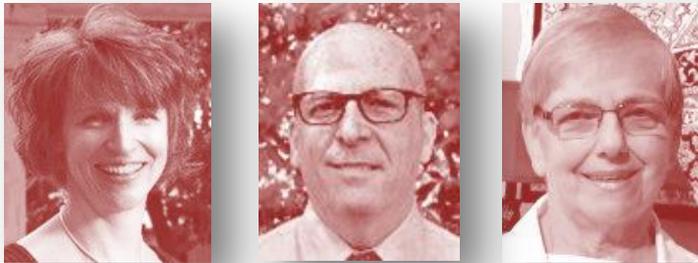
Resources

- Miller WR, Rollnick, S. *Motivational Interviewing Third Edition: Helping People Change*. New York: The Guilford Press, 2013 .
- Miller WR, Yahne CE, Moyers TB, Martinez J, Pirritano M. A randomized trial of methods to help clinicians learn motivational interviewing. *J Consult Clin Psychol*, 72, 1050-1062, 2004 .
- Miller WR, Moyers TB. Eight stages in learning motivational interviewing. *J Teach Addict*, 5(1), 3-17, 2006.
- Steinberg MP, Miller WR. *Motivational Interviewing in Diabetes Care*. New York: The Guilford Press, pub date August 2015.



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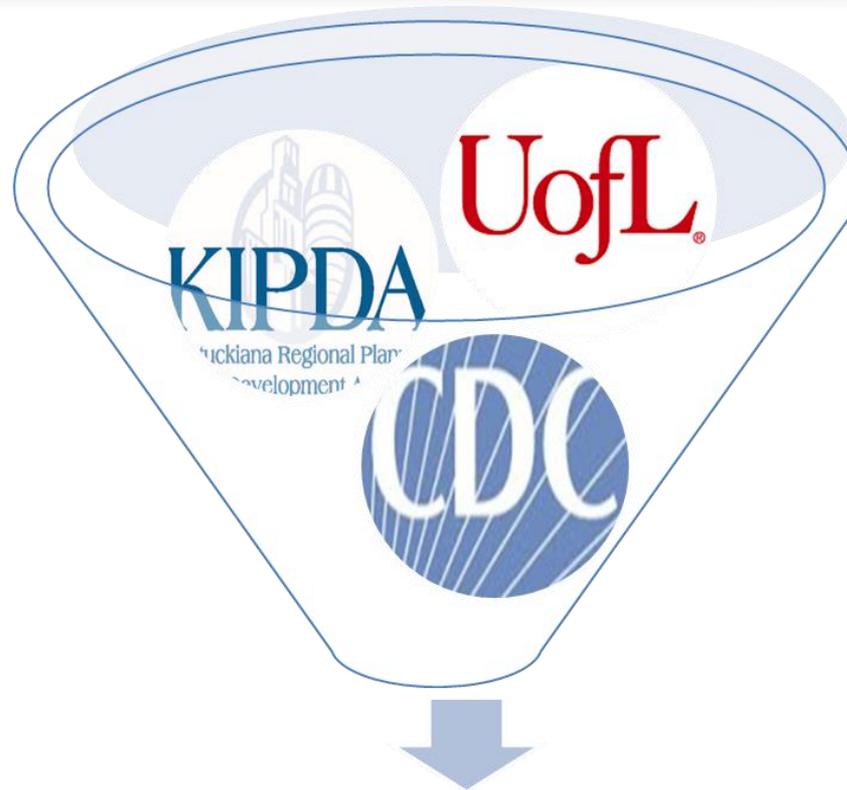
DIABETES PEER MENTORING PROGRAM AND MOTIVATIONAL INTERVIEWING

Pamela A. Yankeelov, Joseph G. D'Ambrosio, Luana Hester



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KIPDA Rural Diabetes Coalition (KRDC):

Create a community for people with diabetes and organizations to support one another and advocate for healthier communities

<http://krdcoalition.com/>



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World Diabetes Day



Advocacy



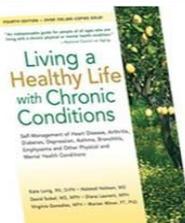
Peer Mentors



Chapter & Regional Meetings



Tri County Walk



Evidence-Based Programs





- **Social Cognitive Theory:**
 - Regulating behavior through control and reinforcement
- **Social Norms Theory**
 - Correcting misperceptions of perceived norms
- **Motivational Interviewing as Practice Perspective**



Program Components:

- Initial objective: Assist mentee in reaching goals
- Ultimate objective: Connect mentee to community to support healthy living
- Egalitarian relationship



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Program Intake

Story Sharing

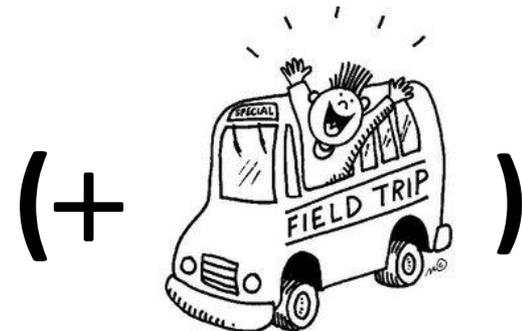
S1:
Social Support

S2,4,6,8:
Topics* as Prioritized
by Mentee
(face to face)

S3,5,7,9:
Phone Check-Ins

2 Phone Check-Ins
(final month)

*Healthy eating, exercise,
psychological distress, talking
with doctor, glucose testing, etc.





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Social Support:
One of the initial sessions



Public/Private Partnership



True Peer Mentor = PWD

Use of existing coalition

Creates greater awareness
of
like-minded individuals



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Joseph G. D'Ambrosio

PEER MENTOR INITIAL TRAINING



Basic Motivational Interviewing Mindset for Peer Mentors

10:15–10:30: Pretest and Introductions

10:30–11:00: Basic Introduction to Motivational Interviewing

11:00–11:45: The STYLE of Motivational Interviewing (Get REAL)

11:45–12:00: Short break and start of working lunch

12:00–12:45: The SKILL of Motivational Interviewing (EARS)

12:45–1:15: Building Motivation in MI (RODE ON)



MI Training Focus

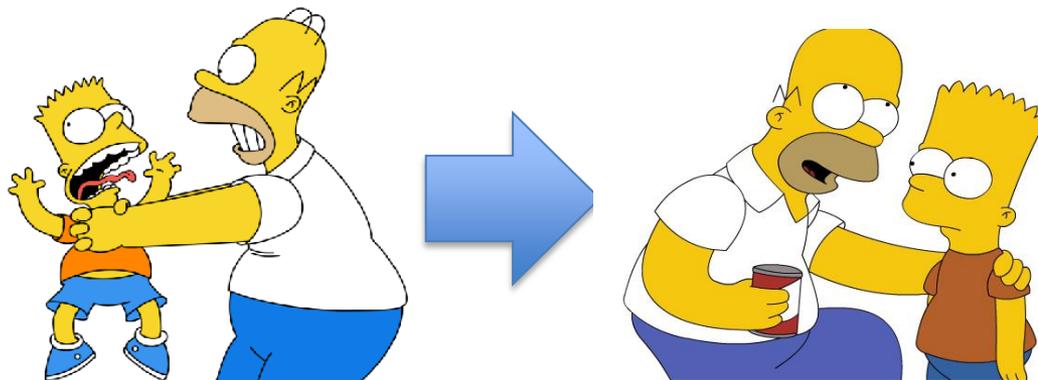
- MI is not so much a technique as it is a STYLE...a facilitating way of being with a mentee.
- Learn how to “dance” with a mentee.
- Introduce ways in which motivational interviewing can be embedded in what you are doing every day when mentees are supported.



So What Is Different From What We Already Do???????

- **The MI Shift**

- From feeling responsible for changing mentees' behavior to supporting them in thinking and talking about their own reasons and means for behavior change





MI Style





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Tame the Righting Reflex!



No fixin'



The Skill of MI

- **E.A.R.S.**
 - Explore with open-ended questions.
 - Affirm.
 - Reflect.
 - Sum up.





Building Motivation in MI RO.DE. O.N.

- **R**oll with resistance.
- **D**evelop Discrepancy.
- **O**ffer information/
advice/choice.
- **N**ormalize.





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Shift Happens!!!!

Be patient and aware
and you will do great!





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Ongoing Mentor Support

- Weekly meetings
- Telephone support
- Case by case analysis





A Mentor's Perspective



- **Luana**

- How did you shift from wanting to direct change to allowing change to happen?
- How did you ask permission before giving advice?
- What did you do to encourage intrinsic motivation to arise within mentees?
- As a mentor, what is the best lesson you learned from MI?



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Learn More From the National Diabetes Education Program

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TTY 1-888-232-6348 or visit www.cdc.gov/info

To order resources, visit www.cdc.gov/diabetes/ndep