

Motivational Interviewing as a Best Practice

Part 2

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Objectives:

1. Practically apply the concepts of Motivational Interviewing to medical case management
2. List the challenges of case management in applying motivational interviewing practices
3. Utilize MI strategies during MCM encounters

Motivational Interviewing

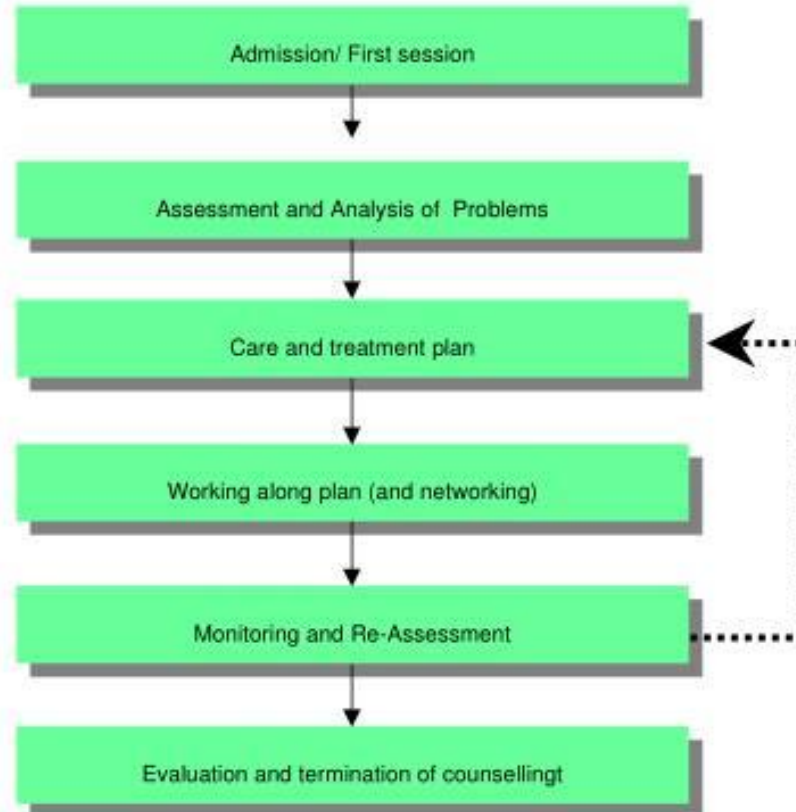
- MI has developed out of a client-centred counselling approach, integrating elements of motivational psychology and cognitive behaviour therapy
- MI is based on the stages-of-change model
- MI stresses the style of interaction between counsellor and client. Counselling techniques are tailored to facilitate the exploration of motivational conflicts of client and to support motivation to change

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Model of Case Management and Motivational Interviewing



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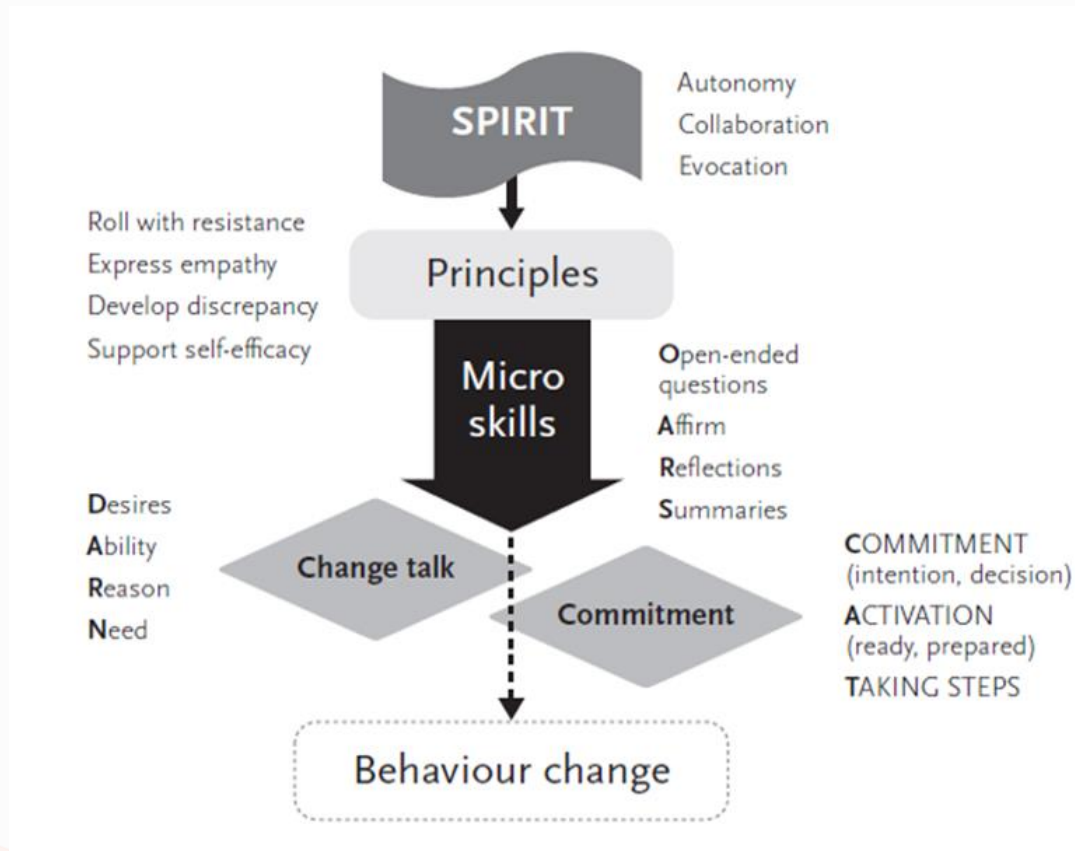
Motivational Interviewing: Basic Skills

- Unconditional **Acceptance** - the counsellor accepts the client as a person regardless of his or her values, life-style or actual problems; he is respectful towards the client
- **Empathy** - understanding another person's emotions and feelings from that person's frame of reference; the counsellor is warm, caring and interested in the client
- Enhancing **Self-efficacy** in clients - the counsellor fosters hope and optimism in the clients' capacities to change

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MI FRAMEWORK



Retrieved February 12, 2018 from <http://coping.us/motivationalinterviewing/overviewofmi.html>

MI STAGES OF CHANGE



OBJECTIVE 1:

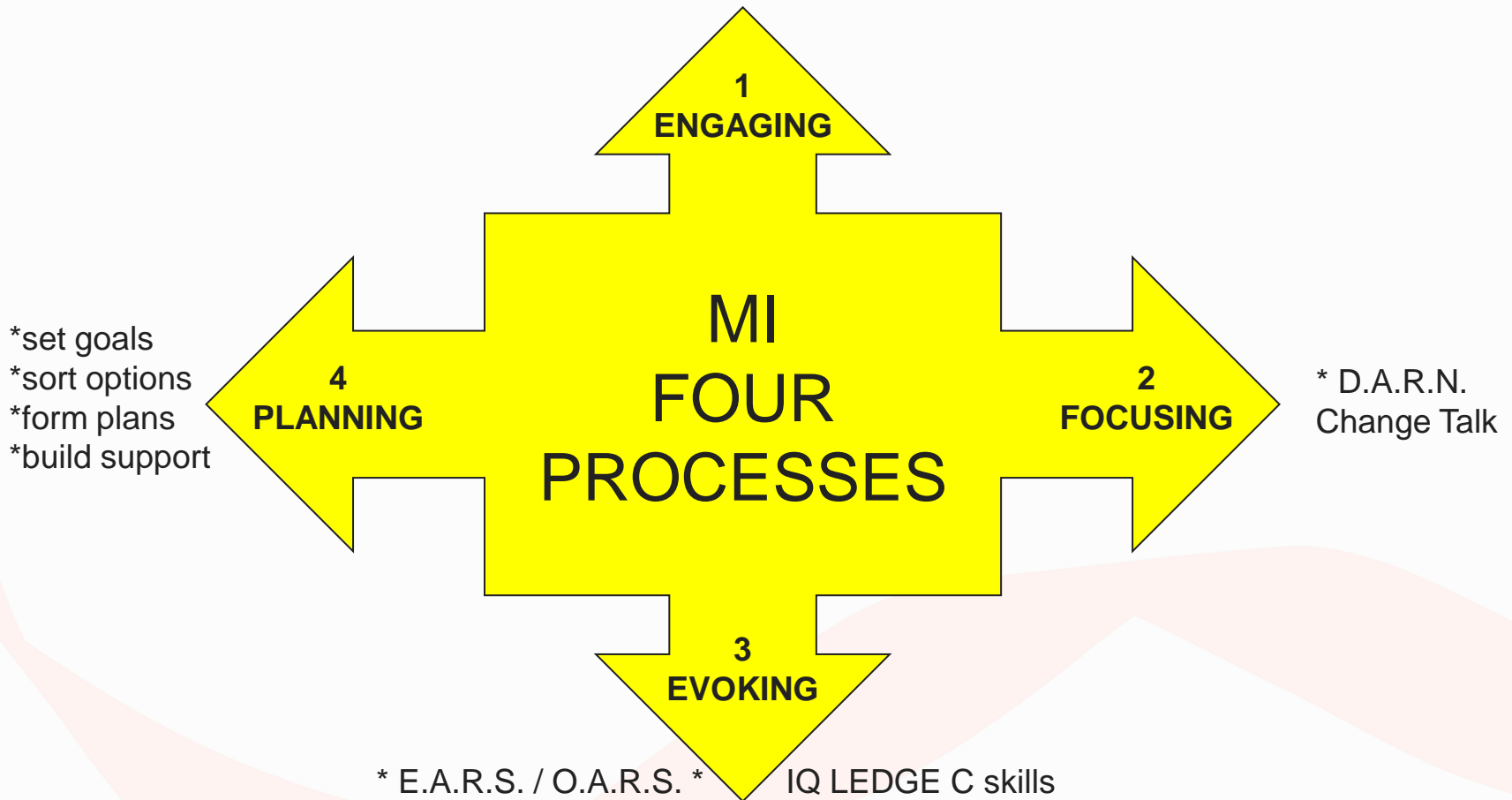
To describe and demonstrate the spirit of motivational interviewing (MI) and its four processes (engaging, focusing, evoking, planning)

MI BASIC ASSUMPTIONS

key words:

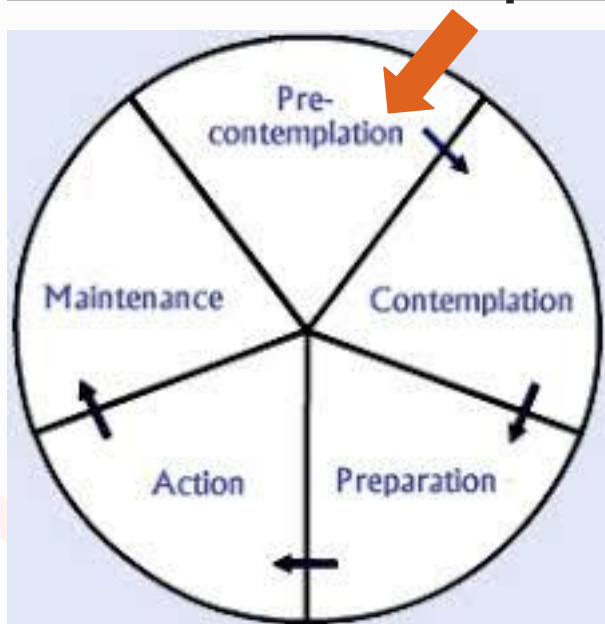
- ambivalence
- normal
- intrinsic motivations
- values
- alliance
- collaborative
- expertise
- empathic
- supportive
- directive

- * Develop rapport * Reduce resistance/defensiveness *
- * Resolve some ambivalence about your role * Use reflective listening *



USE “STAGE OF CHANGE” TO REDUCE BARRIERS

CLIENT: Precontemplation Stage



YOU:

- Assess conviction/ confidence
- Provide feedback (measurement, ie lab, and meaning of symptoms)

Case Management and Motivational Interviewing

| Content | Motivational stage | Techniques |
|--|--|--|
| <p>Admission and first session, explanation of the concept, establishing collaboration and agreement to work together</p> | <p>Precontem- plation</p> | <p>Reflective listening, open-ended questions, explore and support clients needs, provide information of study, regional support system etc.</p> |
| <p>First preliminary evaluation of results. If necessary, Re-Assessment and re-arrangement of treatment plan. Strengthening collaboration with colleges of related agencies, networking with new actors</p> | <p>Contemplation, Preparation, Action</p> | <p>Reflective listening, open-ended questions, affirm, elicit self-motivational statements, give feedback, reframe, explore alternatives and choices, support self-efficacy, intensify cooperation with other institutions</p> |

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USE “STAGE OF CHANGE” TO REDUCE BARRIERS

CLIENT: Contemplation Stage



YOU

- Avoid argumentation
- Roll with resistance
- Express empathy
- Augment discrepancy
- Help the client become the change agent

Case Management and Motivational Interviewing

| Content | Motivational stage | Techniques |
|---|---|---|
| First preliminary evaluation of results. If necessary, Re-Assessment and re-arrangement of treatment plan. Strengthening collaboration with colleges of related agencies, networking with new actors | Contemplation, Preparation, Action | Reflective listening, open-ended questions, affirm, elicit self-motivational statements, give feedback, reframe, explore alternatives and choices, support self-efficacy, intensify cooperation with other institutions |

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USE “STAGE OF CHANGE” TO REDUCE BARRIERS

CLIENT: Preparation Stage



YOU

- Provide a menu of choices
- Support self-efficacy
- Advise
- Reinforce change

Case Management and Motivational Interviewing

| Content | Motivational stage | Techniques |
|---|---|---|
| First preliminary evaluation of results. If necessary, Re-Assessment and re-arrangement of treatment plan. Strengthening collaboration with colleagues of related agencies, networking with new actors | Contemplation, Preparation, Action | Reflective listening, open-ended questions, affirm, elicit self-motivational statements, give feedback, reframe, explore alternatives and choices, support self-efficacy, intensify cooperation with other institutions |

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USE “STAGE OF CHANGE” TO REDUCE BARRIERS

CLIENT: Action Stage



YOU

- Help identify and use strategies for change

Case Management and Motivational Interviewing

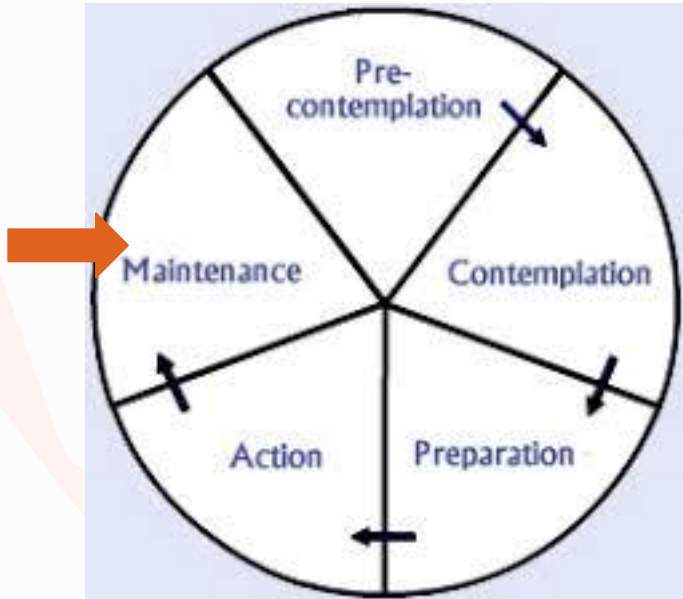
| Content | Motivational stage | Techniques |
|---|---|---|
| First preliminary evaluation of results. If necessary, Re-Assessment and re-arrangement of treatment plan. Strengthening collaboration with colleges of related agencies, networking with new actors | Contemplation, Preparation, Action | Reflective listening, open-ended questions, affirm, elicit self-motivational statements, give feedback, reframe, explore alternatives and choices, support self-efficacy, intensify cooperation with other institutions |
| Working along treatment plan. Process evaluation | Action Maintenance | Reflective listening, open-ended questions, affirm, elicit self-motivational statements, give feedback, explore alternatives and choices, support self-efficacy, increase level of clients self management |

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USE “STAGE OF CHANGE” TO REDUCE BARRIERS

CLIENT: Maintenance Stage



YOU

- Celebrate and support the changes

Case Management and Motivational Interviewing

| Content | Motivational stage | Techniques |
|--|-----------------------------------|--|
| Outcome evaluation and termination of counselling | Maintenance Termination | Reflective listening, open-ended questions, affirm, feedback, summarise, support self-efficacy, increase level of clients self management, prepare to finish counselling |

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USE “STAGE OF CHANGE” TO REDUCE BARRIERS

CLIENT: Relapse Stage



YOU

- Help renew process of contemplation, determination, and action

Case Management and Motivational Interviewing

| Content | Motivational stage | Techniques |
|--------------------|--------------------|---|
| Relapse prevention | Relapse | Relapse prevention package, crisis intervention, reflective listening, open-ended questions, provide information, planning of next step |

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CASE APPLICATIONS

Consider a patient who you experience as being “resistant to treatment”. Share the case with your team.

As a team:

- 1. Identify the possible barriers the patient is experiencing.*
- 2. Identify the stage of change the patient might be in.*
- 3. Identify action steps for you to take to help the client move to the next stage.*

CASE APPLICATIONS:

Discuss how MI can be applied during the RWP Eligibility and Assessment interviews

The image shows a screenshot of a web application interface with two rows of navigation tabs. The first row contains: Main, Demo, Medical Team, Address, Household, Finances, Health Benefits, Health, and Services. The second row contains: Status, Medical Care (highlighted with a dotted border), Behavioral Health, Support Services, Support System, and Summary. Below the second row, there is a sub-section with tabs: Access, HIV, Other Medical Needs, HIV/STI Risk Reduction, and Dental.

Q & A

Resources

Barriers and facilitators to patient retention in HIV care Baligh R. Yehia, Leslie Stewart, Florence Momplaisir, Aaloke Mody, Carol W. Holtzman, Lisa M. Jacobs, Janet Hines, Karam Mounzer, Karen Glanz, Joshua P. Metlay, and Judy A. Shea. BMC Infectious Diseases (2015) 15:246 DOI 10.1186/s12879-015-0990-0

Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Chapter 3—Motivational Interviewing as a Counseling Style.

https://cdpsdocs.state.co.us/epic/epicwebsite/resources/mi_communities_of_practice/4_processes/4_processes.pdf

Motivational interviewing techniques Facilitating behaviour change in the general practice setting. Kate Hall, Tania Gibbie, Dan I Lubman. Reprinted From Australian Family Physician Vol. 41, No. 9, September 2012.

Teaching Motivational Interviewing to Primary Care Staff in the Veterans Health Administration. Michael A. Cucciare, Nicole Ketrosier, Paula Wilbourne, Amanda M. Midboe, Ruth Cronkite, Steven M. Berg-Smith, John Chardos. J Gen Intern Med. 2012 Aug; 27(8): 953–961. Published online 2012 Feb 28. doi: 10.1007/s11606-012-2016-6
PMCID: PMC3403134

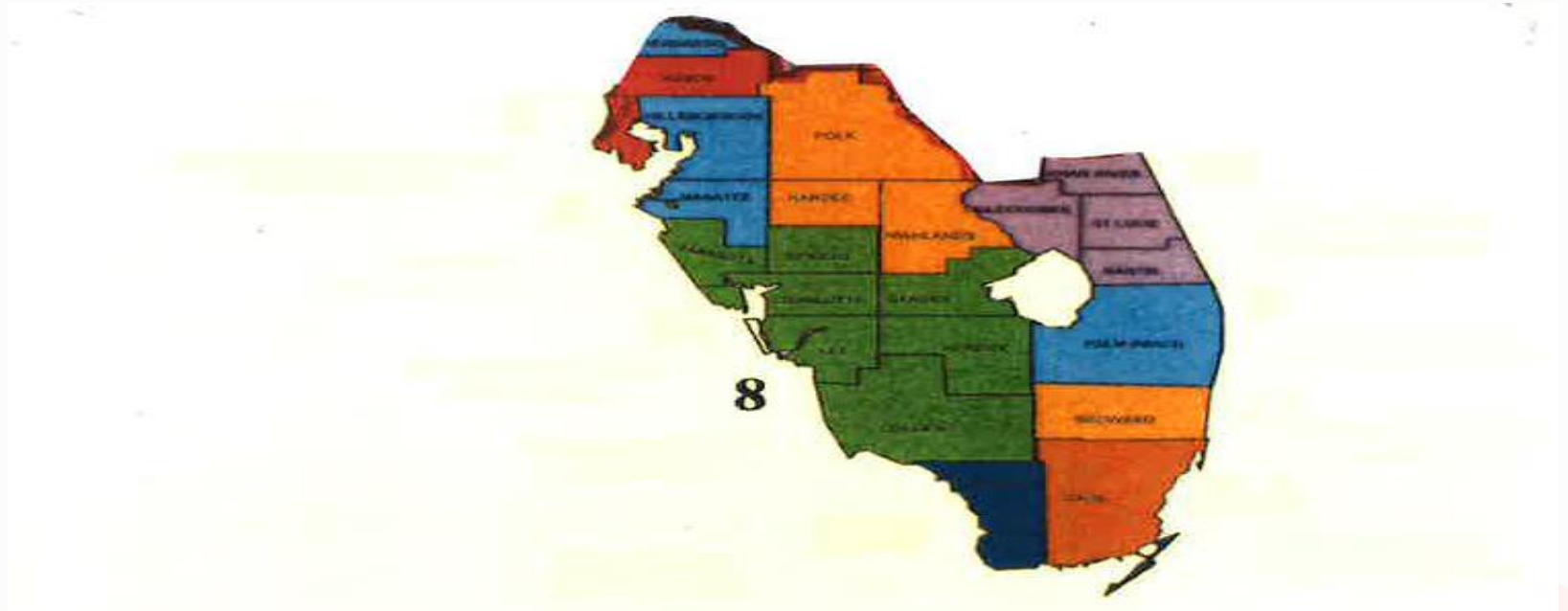
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This Presentation and resources are made possible by AETC grant award U1OHA29295 from the HIV/AIDS Bureau of the Health Resources Services Administration (HRSA), U. S. Department of Health and Human Services (HHS).

The information presented is the consensus of HIV/AIDS specialists within the SEAETC and does not necessarily represent the official views of HRSA/HAB

The AIDS Education and Training Center (AETC) Program is the training arm of the Ryan White HIV/AIDS Program. The AETC Program is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for those living with or affected by HIV.

Florida Counties



The U.S. Department of Health and Human Services (DHHS) has released updated versions of its antiretroviral treatment guidelines for adults and adolescents, and for children with HIV. The new adult guidelines include revised recommendations for first-line antiretroviral therapy (ART) as well as management of treatment-experienced patients. The revised pediatric guidelines include a discussion of very early treatment for HIV-infected infants.

References

HHS Panel on Antiretroviral Guidelines for Adults and Adolescents.

[*Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*](#). Updated April 8, 2015.

DHHS Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. [*Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection*](#). Updated March 5, 2015.

TRAINING OPPORTUNITIES

Preceptorships

An intensive clinical training program offered to healthcare providers in Florida who have an interest in learning more about the diagnosis and management of HIV/AIDS, opportunistic infections, and co-morbid conditions. Each preceptorship is structured to meet the unique needs of the individual participant based on his or her previous experience, geographic location, and time available. Experience 4 to 240 hours of clinical training at adult, pediatric, obstetric, and/or family practice clinics where care is provided to HIV-infected patients. All training provided is consistent with current guidelines from the Department of Health and Human Services or other nationally recognized guidelines when available.

Clinical Consultation

Individual and group clinical consultations are offered. Individual clinical case consultation is provided on the diagnosis, prevention, and treatment of HIV/AIDS and related conditions. These consultations take place by telephone, email or face-to-face meetings. Group clinical consultation with case-based discussions include information on pharmacology, clinical antiretroviral therapy updates, drug-drug interactions, and antiretroviral resistance.

**FOR MORE INFORMATION, PLEASE
VISIT:**

<http://hivaidsinstitute.med.miami.edu/partners/se-aetc>

National HIV/AIDS Clinicians' Consultation Center UCSF – San Francisco General Hospital

Warmline

National HIV/AIDS Telephone Consultation Service
Consultation on all aspects of HIV testing and clinical care
Monday - Friday
9 am – 8 pm EST
Voicemail 24 hours a day, 7 days a week

PEPline

National Clinicians' Post-Exposure Prophylaxis Hotline
Recommendations on managing occupational exposures to HIV and hepatitis B & C
9 am - 2 am EST, 7 days a week

Perinatal HIV Hotline

National Perinatal HIV Consultation & Referral Service
Advice on testing and care of HIV-infected pregnant women and their infants
Referral to HIV specialists and regional resources
24 hours a day, 7 days a week

HRSA AIDS ETC Program & Community Based Programs, HIV/AIDS Bureau
& Centers for Disease Control and Prevention (CDC)
www.nccc.ucsf.edu

Need Additional Information?

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Thank you!