Motivational Interviewing and Health Behavior Change

BACKGROUND

What is Motivational Interviewing (MI)?

Motivational interviewing (MI) is a proven patient-centered counseling method for addressing patient ambivalence and resistance to change regarding health behaviors. MI has been shown to improve treatment adherence and outcomes, promote health behavior change, improve patient satisfaction with care, and increase retention rates in complex case management. While conveying information to a patient, if the patient feels that you are lecturing, scolding, blaming, or going through the motions, they will feel warranted to dismiss any information you have provided. Patients are usually resistant in the first place—thus they are looking for an excuse to dismiss the information you provide. Use MI to ensure that patients know we care about them, understand and respect their issues and concerns, and directly address their core motivations. The patient will then feel the impulse to consider the information you have effectively provided to possibly draw a new conclusion. Practicing MI in our daily encounters increases the likelihood that patients will be open to initiate change behavior.

With research and practice, the definition has evolved:

- The old definition stated that MI is “a person centered directive method of communication for enhancing intrinsic motivation to change by exploring and resolving ambivalence and resistance.”¹
- The new definition states that MI is “a collaborative, person-centered form of information exchange to facilitate constructive patient sense-making about health”.²

Three Predictors of Motivation for Change

MI is a way of assessing and then addressing a patient’s motivation for change, not motivating the patient. There are three important predictors of motivation for change:

- **Importance.** We must evaluate if the information we are discussing is important to the patient. We must also evaluate why it is or is not important to the patient.
- **Confidence.** This addresses whether the patient feels confident in their ability to change or in what you are discussing based on what they have previously heard or experienced.
- **Rapport.** The most important predictor of motivation for change, rapport is a close and harmonious relationship between two parties in which people understand each other’s feelings and ideas and communicate well. Rapport is built without judgment, but with confidence and sincerity. Building rapport with the patient is essential in assessing if making the change being discussed is important to the patient and if the patient is confident in changing his or her behavior.
Information Giving and Exchanging

MI is concerned with **assessing and then addressing a patient’s motivation for change**, not motivating the patient. MI is not just a technique used on patients. It is a genuine way of communicating, through the correct tone of voice that exemplifies acceptance and empathy. These skills do take time to develop, but will become natural with practice.

In the healthcare environment, we are used to giving information to patients, or telling them what to do with their health. We often think to ourselves, "I just need to tell my patients what to do. My patients are often difficult or in denial." Instead, we must learn to exchange information which involves the healthcare team asking permission to provide information as a safe way of offering alternate ways of thinking. To foster the information exchange process, a sense of unity must be established between the patient and healthcare team. For example asking, "What are your thoughts about having high blood pressure?" or "Would you mind if I gave you some information, and you tell me what you think?"

It is important for healthcare teams to realize that the patient is ultimately responsible for managing his or her health. Goals of MI include:

1. Assess and address a patient's motivation for change, changes such as to quit smoking or increase adherence to medications.
2. Create a climate that is safe to change as well as safe to learn.
3. Assist the patient in evaluating their reasoning for change, reasoning along the lines of what would make it important and what would have to change.
4. Ask patients to reconsider their sense making with the result of drawing new conclusions.

What is a patient’s sense? A patient's sense is their understanding and perception of a particular topic. This includes their understanding of their disease states and treatment. Human beings are naturally sense makers. MI allows patients to reassess their sense making to draw new conclusions. Accurately listen to patients' sense making through MI via developing rapport and then providing information.

Steps to Successful MI

**Rapport.** Developing rapport is important in the initiation of MI. It creates an open and safe environment, which reduces the patient's relational and issue resistance to change, and engages the patient's sense making and reasoning. By developing rapport in the early stages of MI, the patient is less likely to be defensive and argumentative. Most patients are willing to talk openly and honestly when their concerns are heard and they are given choices.

When the patient feels mistreated by the healthcare team and resists changing his or her behaviors, this is known as "relational resistance." One way to overcome relational resistance is to avoid face-loss, which occurs after a healthcare team member provides information to a patient that leaves the patient feeling ashamed or inadequate. Face-loss sometimes results in a change of expression during the interaction. The patient might break eye contact, look away or remain silent, if on a phone conversation.

Telling a patient that his or her understanding of a concern is simply wrong may cause what's known as Competence Face-Loss. Telling a patient what to do without giving any options may cause Autonomy Face-Loss. Instead of making a statement that may cause face-loss, reflect the patient’s questions and concerns without judgment.

"Issue resistance" results from a patient’s limited knowledge about a health issue or problem. In order to overcome this type of resistance you should address the issue as precisely as possible.

One method of addressing the issue is called the "lock and key." You must determine the key, which is the motivation; that will open the lock; that consists of the current thought process. This will enable the patient to accept information and possibly draw a new conclusion.

Developing rapport engages the patient’s sense making and reasoning. Identifying, reflecting and empathizing with the patient’s issues, allows the provider to explore his or her reasoning and invite change. This will allow the health care team...
to engage the patient's reasoning and facilitate behavior changes. To engage reasoning we must explore the patient's understanding of the benefits versus the risks of change. This is known as the patient's decisional balance. To a patient one benefit may outweigh five risks, or vice versa. Providers must determine the weight that patients designate to each benefit or risk then it can be determined what additional information is needed to outweigh the risks of change. Providers may also explore the patient's decisional balance by asking: "What would make this behavior more important to you?" or "What would make you feel more confident?"

After effectively exploring the member's decisional balance, providers can then attempt to create dissonance in patients between where they are now in their health behaviors and where they need to be. Dissonance is an uncomfortable, anxious feeling for the patient when his or her thoughts and/or behaviors don't match up. Dissonance may increase the likelihood that the patient will consider change. Two methods exist to create dissonance in patients. The first method is called the "look over the fence" method. In this method you are trying to have the patient envision what their life would be like in the future with the behavior change. Providers can ask the patient to think of a healthy behavior that they have had a challenge with. Next, ask the patient to imagine how they could see themselves one year in the future with that challenge completely overcome. Ask the patient, "How would that make you feel?" The second method is known as "the envelope" method. With this method, the healthcare team member assesses the patient's motivation for change. Using the envelope method, you could ask "If I were to hand you an envelope, what would the message inside have to say for you to take your medication every day?"

To start a change conversation, listen to the concerns of the patient and reflect back what the patient is saying, which allows the patient to feel understood and more willing to draw a new conclusion. Become more specific when responding to patients. In everyday talk between providers and patients, generalized statements are used. For example, saying: "right", "yes", "uh-huh", and "I understand". When building rapport, it is important for providers to be explicit when interacting with patients. For example, saying "that's great that you take your Lisinopril everyday" goes a lot further than just saying "that's great". It shows the patient that you are truly listening to their concerns and, as a result, the patient understands what you are referring to that is "so great". Being explicit in our interactions is truly more powerful in building rapport as it allows the patient to feel as though their main concerns are understood.

When reflecting the patient's concerns, we must use empathy. Empathy creates a safe environment, where the patient can build their own ideas for change. To show concern, empathetically reflect the issue back to the patient, even if it doesn't seem important to you. An empathic response should contain feelings, content and reason(s). The following empathy starters may be useful when having a conversation with a patient/beneficiary:

- "You seem..., you feel..., you’re frustrated..."
- Avoid empathy starters such as "I understand" and "I hear you saying that...". For example, avoid saying, "I hear you saying you’re frustrated because your blood sugar won’t go down despite taking your medications." It sounds more natural to say, "You’re frustrated because you take your medications but still have high blood sugar." The patient will likely respond, "Right, you got it!"

Reframe. The purpose of reframing is to clarify or shine a new light on an issue so that the patient may see it differently. This can allow the patient to see new possibilities and broaden their acceptance to change by clearly addressing the patient's core concerns. Oftentimes, patients present their issues in very narrow terms and it is the role of the provider to introduce the patient to a wider scope of information that may make them more likely to change.

The first way to reframe is the "You’re wondering" technique. This way to reframe takes what someone says and restates it as a question. For example the patient states, "I just don't understand why I need to take this medicine. I feel just fine." And the healthcare team responds, "Given that you feel ok, you’re wondering why you would need to take this medicine?" This method avoids face loss by providing information that addresses the patients concern.

Next, create a commitment by reframing the patient's issue to highlight the positive possibilities of what can happen if change occurs. This can become the basis for asking the patient to reconsider his or her thinking. For example a patient says, "There's no way that I'm going to take this medication because I am just too scared of bad side effects." And the healthcare team responds, "It sounds like if you were less worried about the side effects, you would be more willing to consider taking this medication. What side effects are you most concerned about?"
Using analogies to help reframe an issue for a patient is another approach. The analogy must connect a new idea to a concept that is already part of the patient’s understanding or knowledge and match the experience and educational level of the patient. The analogy selected must directly address the particular issue that the patient is struggling with and help the patient to address their sense making about the problem being faced. If the patient is confused about the meaning of the analogy, ask the patient to excuse your misspeaking and request permission to provide a different analogy.

Provide Information. When providing new information to a patient, providers should create shared understanding of the patient’s core concerns. This can be achieved by assessing the patient’s knowledge of their disease state and its treatment, as well as their personal goals. After identifying what matters most to the patient, request permission to share new information regarding their concern.

Ask for Feedback. The hope is that most interactions will result in effective rapport building and understanding of the information provided, however, sometimes patients may not understand a generalized concept such as “stroke” or “heart attack.” Providers must strive to personalize the consequences of their actions. For example, recalling the "look over the fence" technique, we can ask a patient “What if you had a heart attack tomorrow; how do you think it would change your life?” Asking such questions creates a feeling of dissonance within the patient and invites him or her to draw a new conclusion. This method is counter intuitive to what is commonly practiced by healthcare providers who often imply there is a correct conclusion or answer to an issue by reverting to yes or no questions asked in an accusatory tone. Instead, invite the patient’s feedback to determine their thoughts and understanding. For example, ask “Where does this leave you now with regard to lowering your blood pressure?” or, “How does this information make you feel?” If the patient is not yet ready to draw that new conclusion, they will certainly voice their apprehension. MI shows us that if the patient is apprehensive or not yet ready to make a change, we must allow them adequate time to think about new ideas or process the information provided.

Summarize Next Steps. If the patient is ready and willing to consider a new conclusion, taking appropriate steps will increase the likelihood that change will occur. A summary of the patient's concerns should be provided to show that you have been carefully listening. Any change talk discussed by the patient must be confirmed, as well as the risks that will be reduced if the change were to take place. After providing new information to the patient, we can “close the deal” by asking the patient: “Where does this leave you now?” Look for these changes in future interactions with the patient.

HEDIS AND STAR MEASURES

CMS and NCQA have not published measures for this topic.

REFERENCES


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MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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