

GETTING TO GOAL:

Using Motivational Interviewing with Chronic Disease Management

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Diane Mickle Gotebowski, PT, DPT
Vice President of Client Services - VivaLynx and
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Diane, a physical therapist, completed her undergraduate work at Russell Sage/Albany Medical College School of Physical Therapy and received her Doctorate in Physical Therapy in 2006 from Rosalind Franklin University.

Diane was in private practice in Catskill, NY for many years. Since then, she has been active in long term care management, leading rehabilitation, and care teams in several regional skilled nursing facilities.

In 2011, Diane joined the Eddy Visiting Nurse Association and held a leadership role in their Chronic Disease Management and Quality/Performance Improvement programs. She left that role in early 2023 to join Ever Home Care Advisors as Vice President of Client Services.

Diane has a keen interest in professional and community education. She received certification in Home Based Integrated Chronic Disease Management and provides training in motivational interviewing (MI).

She has served as an Adjunct Instructor at Russell Sage College. She has presented to the National Subacute Care Association, National Association for Home Care & Hospice, Brain Injury Association of NYS, as well as the NYS ACUU (Aging Concerns Unite Us) Conference. She is a member of ALCA (Aging Life Care Association) and presented at their 2024 annual meeting in Minneapolis.

AGENDA

- **Introductions**
- **Starting the Conversation – OARS**
- **Motivational Interviewing (MI) – A Brief History**
- **Motivational Interviewing (MI) – How Can it Help?**
- **Listening (Group Activity 2)**
- **Resistance**
- **Ambivalence**
- **Empathy**
- **Pros/Cons Tool – (Group Activity 3)**
- **Importance Confidence Ruler – (Group Activity 4)**
- **Self-Efficacy**
- **Practice – The Learning Path**
- **More to Learn**
- **Questions?**
- **Conclusion**

STARTING THE CONVERSATION

O - Open-ended questions

A - Affirmation

R - Reflective listening

S - Summarizing



COPD Patient	Standard Approach	Motivational Interviewing Approach
O	<ul style="list-style-type: none"> • “Do you understand what I told you about COPD?” • “Are you having any problems with your new medication?” • “Are you having trouble breathing?” 	<ul style="list-style-type: none"> • “What do you understand about COPD?” • “Tell me how you are reacting to your new medication” • “What does COPD mean to your life?” • “Tell us about your breathing”
A	<ul style="list-style-type: none"> • “You’re doing good!” 	<ul style="list-style-type: none"> • “Developing a written schedule and putting reminders on your phone is a great way to manage this!”
R	<ul style="list-style-type: none"> • “Sounds good!” 	<ul style="list-style-type: none"> • “You indicate that you get confused with the new meds easily but know that it’s important to have a plan. Would you be open to some help?”
S	<ul style="list-style-type: none"> • “Good visit, any questions?” 	<ul style="list-style-type: none"> • “Today we learned what areas in COPD management you could use help with, like understanding your meds. Your breathing is under control, but you worry about it. We have developed a plan to keep track of your meds, reminders and check offs when taken. Did I catch it all?” <p>***</p>

O – Open-ended, A - Affirmation, R - Reflective listening, S - Summarizing

Motivational Interviewing (MI) - History

1. Not a new or novel concept
2. Developed by Dr. William Miller and Stephen Rollnick in the 1980s
3. First developed for individuals with substance abuse challenges
4. MI use has expanded throughout health care and beyond
5. A communication style that focuses on behavior change
6. Often requires a mindset shift (a guiding mindset)
7. Crosses cultures very well
8. There is significant evidence to support the effectiveness of MI

Motivational Interviewing (MI) - Spirit

Assume a mindset which may require some preparation:

- Unclutter your mind of:
 - ✓ Worrying about time/schedule/how far behind you are
 - ✓ Tension (from any source)
 - ✓ Being too ambitious or a problem solver
 - ✓ Analyzing every word/trying to be “clever” or “right”
- Be curious
- Have a sense of where you want the conversation to go
- Pace yourself and your conversation; take moments to breathe



The Spirit of MI

- Evocative (evoke the person's motivation)
- Collaborative (avoid being the expert with “all the answers”)
- Respect autonomy – (the client makes the decision)
- Compassion – (be obvious that you have their best interest in mind)

Motivational Interviewing (MI) – How Can it Help?

- Improve your connections with:
 - Patients
 - Clients
 - Customers
 - Family
 - Friends
 - Co-workers
- Improve how and when you give advice
- Help someone resolve their ambivalence
- Help raise a difficult subject
- Help facilitate confidence building and changing plans
- Improve general perception and satisfaction with your communications

Source: Preface. Motivational Interviewing in Health Care, Rollnick, Miller, Butler

The Power of Communication



The Power of Conversation



LISTENING

Why are we listening?

- To learn new information?
- To show interest/concern?
- To be polite?
- To identify a problem?
- To identify a strength?
- To learn a person's motivation?
- To recognize change talk?
- To understand?



12 ROADBLOCKS TO LISTENING

1. **Ordering, directing**
2. **Warning, threatening**
3. **Giving advice, making suggestions, providing solutions**
4. **Persuading with logic, arguing, lecturing**
5. **Moralizing, preaching**
6. **Judging, criticizing, blaming**
7. **Agreeing, providing, praising**
8. **Shaming, ridiculing, name calling**
9. **Interpreting, analyzing**
10. **Reasoning, sympathizing**
11. **Questioning, probing**
12. **Withdrawing, distracting, humoring, changing the subject**

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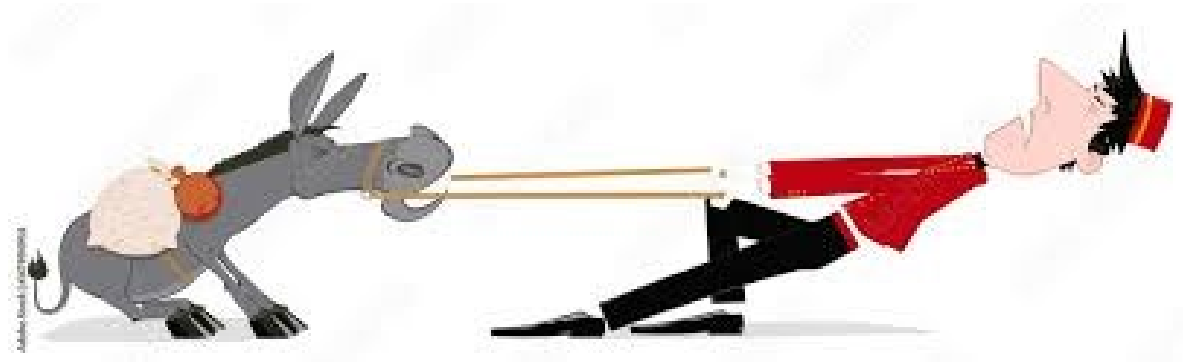
LISTEN

SILENT

SILENT

Let's practice!

RESISTANCE



RESISTANCE

Working against resistance usually results in:

- More resistance/stronger fight
- Wasted time
- Negative mindset
- Caregiver/service provider burnout

RESISTANCE

- “Rolling with Resistance”
- Learn to recognize it
- Not all resistance is overt
 - ✓ Looking away, poor eye contact
 - ✓ Interrupting, talking over
 - ✓ Rolling eyes, scowling
 - ✓ Changing the subject
- Acknowledge it, and if strong, **MOVE ON!**

AMBIVALENCE



AMBIVALENCE

I want to **BUT.....**

I know I should **BUT.....**

I was going to **BUT.....**

I thought about it **BUT.....**

My son wants me to **BUT.....**

The doctor told me to **BUT....**

- Ambivalence is conflict being pulled in two directions by internal or external forces
- Ambivalence makes decisions difficult or impossible
- Ambivalence is a normal part of the change process

EMPATHY

“Empathy is simply listening, holding space, withholding judgment, emotionally connecting, and communicating that incredibly healing message of you’re not alone.” - Brene Brown

- We listen with empathy, not judgement
- We resist the urge to correct, fix, or solve
- We let the individual know that
 - We want to listen to them
 - And that they were heard



EMPATHY ALONE IS A POWERFUL TOOL
TO HELP SOMEONE RESOLVE THEIR
AMBIVALENCE AND IMPROVE THEIR
SELF EFFICACY

PROS/CONS TOOL



PROS/CONS TOOL ACTIVITY

INDIVIDUAL ACTIVITY:

- Select something that you would like to accomplish but have been putting off
 - Anything from clean the garage, to stop smoking, to stop spending \$\$\$ at Starbucks!
- Now make a pros/cons list about that task

DISCUSSION:

- I would like at least one person to share. Please put in the QA or chat what you discovered and what a client might discover by using this activity.



It's not so much what's on the list or your answers, it's the **conversation!**

Importance Confidence Ruler



ASK: On a scale of 1 to 10, how IMPORTANT is it for you to _____?



ASK: On a scale of 1 to 10, how confident are you that you could _____?

ACTIVITY

Importance Confidence Ruler



ASK: On a scale of 1 to 10, how IMPORTANT is it for you to improve your nutrition and feel better?



ASK: On a scale of 1 to 10, how confident are you that you can make the call and sign up for home delivered meals?

ACTIVITY

Importance Confidence Ruler



DISCUSSION:

- What did you observe?
- Can you recognize positive change talk?
- How did we do listening?
- What could we have done differently?

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### TAKEAWAY:

- The **conversation** is more important than the answers
- This is a tool to open the door for discussion
- The goal is to have the individual start examining and discussing their own motivations and potential barriers to achieving their stated goal



# Self-Efficacy

- Self-efficacy is someone's **belief** in their ability to accomplish a specific task or set of tasks
- It is task or situation specific
- It differs from self-esteem, which is more about someone's view of themselves as an individual, their self value and self worth



- Self efficacy can be improved!
- How? Through mastery experiences
  - Allow someone to succeed!
  - Set achievable goals and start small to allow success!
  - It's not about the individual's ability to accomplish something
  - It's about their **belief** that they can or cannot!
  - Your role can be to show them their successes!
- Albert Bandura ( Stanford, 1977) published his theory of the relationship between self-efficacy and behavior change

# Self-Efficacy-Activity

Select a behavior that you as a clinician identify as needing change.....  
Then make certain that the patient 1) feels it is important 2) wants to make the change.....

Have a discussion about setting a goal  
Support them in setting a goal that you might see as “too easy”

Ask them to develop a plan (help them if they ask)

Make sure you circle back and let them share their success!

## SMART GOALS:

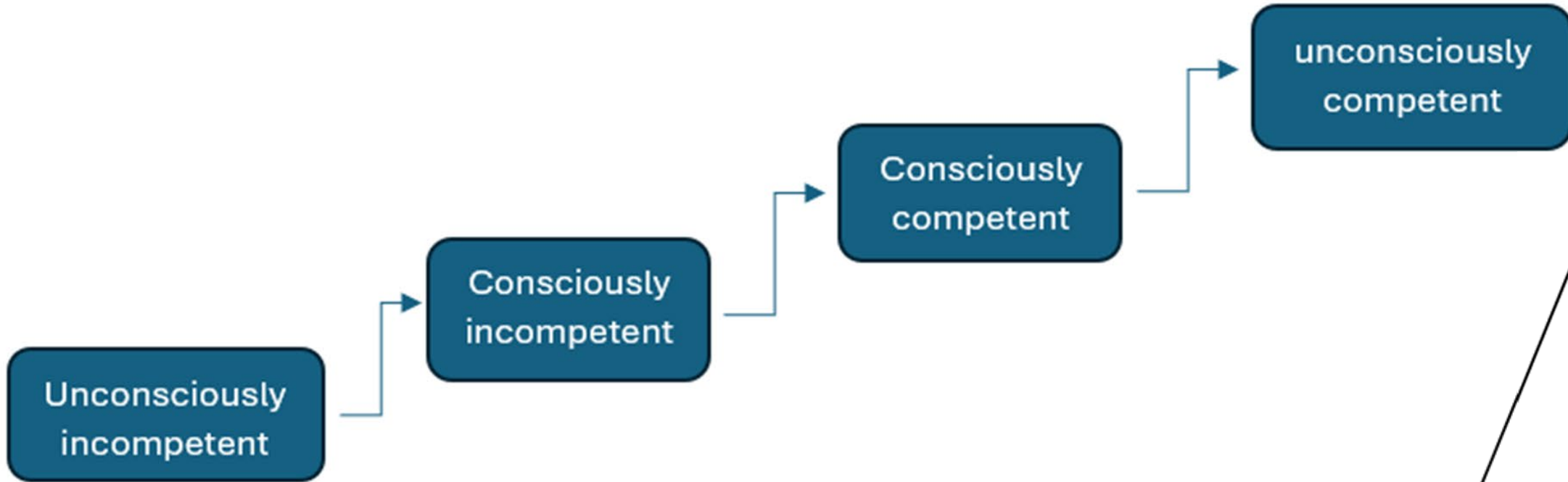
- Specific or small
- Measurable
- **Attainable**
- Relevant
- Time-based

- Albert Bandura (Stanford, 1977) published his theory of the relationship between self-efficacy and behavior change



# It Takes Practice!

Learning a new skill or refining an old skill





# There's so Much More!



# MORE to LEARN

Change Talk

Ask – Tell - Ask

Sustain Talk

Direct – Guide - Follow

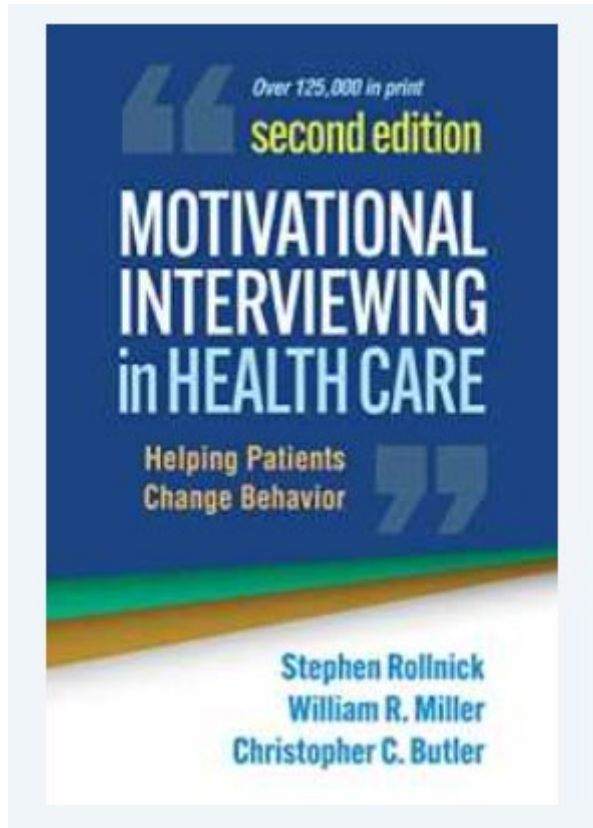
The 4 Processes for Change

SMART Goals

Listening Statements



# MORE to LEARN



# REFERENCES

- Miller, W., Rollnick, S., & Butler, C. (2007). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. The Guilford Press.
- Course materials. (May 2024). Rollnick, S. *Motivational interviewing: Brief Interventions in Health Care*. Psychwire.com.
- Rosengren, David B. (2017) *Building Motivational Interviewing Skills, A Practitioner Workbook*. The Guildford Press.
- Lundahl, B. W., Kunz, C., Brownell, C., Tollefson, D., & Burke, B. L. (2010). A meta-analysis of motivational interviewing: Twenty-five years of empirical studies. *Research on Social Work Practice, 20*(2), 137-160.



**QUESTIONS? WE HAVE TIME!**

# THANK YOU!

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