“Lunchtime Learning” Professional Skill Development
Distance Learning Series Event #6:
Motivational Interviewing: An Introduction to Encouraging Health Behavior Change

Presented by:
Yvonne Kellar-Guenther, Ph.D., Clinical Assoc. Professor, UC Denver, Colorado School of Public Health, Dept. of Community and Behavioral Health

Live Broadcast Date/Time:
Wednesday, September 17, 2014
12:00–1:00pm Mountain Time / 1:00–2:00pm Central Time

Series Overview:
Join Community Health Association of Mountain/Plains States (CHAMPS) and Colorado Community Health Network (CCHN) for the “Lunchtime Learning” Professional Skill Development Distance Learning Series! These six one-hour webcasts will take place between April and September of 2014. Participants may attend any selection of events, all designed to provide professional development and skills improvement as a component of a continuous process of advanced practice transformation, with the goal of positively impacting retention rates at Region VIII health centers. The events are primarily targeted at health center administrative and clinical support staff, although staff members from all levels of the health center are welcome.

Event Overview:
“Motivational Interviewing: An Introduction to Encouraging Health Behavior Change” aims to introduce the theory and reasoning behind using motivational interviewing techniques to help patients be successful in changing health behaviors, as well as highlighting the difficulties in engaging in true motivational interviewing; to pull back the curtain, so to speak, so participants understand the intent behind motivational interviewing. Participants will not be fully trained as motivational interviewers during this introductory session, but will leave with a solid understanding on which to build their motivational interviewing skills and avoid issues that may hinder success.

Learning Objectives:
Participants will:
1. Understand why motivational interviewing is used as a technique in changing health behaviors.
2. Comprehend the basic premise for utilizing motivational interviewing.
3. Grasp some pitfalls to avoid when engaging in motivational interviewing.
SERIES TIMELINE
Event #1: Tell Your Money Who’s Boss (04/30/14) Archive Available!
Event #2: Create Great Credit (05/21/14) Archive Available!
Event #3: Foundations for Influencing - Presuming Good Intent (06/18/14) Archive Available!
Event #5: Foundations for Influencing - Influencing through Negotiation (08/20/14) Archive Available!
Event #6: Motivational Interviewing: An Introduction to Encouraging Health Behavior Change (09/17/14)
Visit www.CHAMPSonline.org/Events/DistanceLearning.html#LunchtimeLearning for complete details, including registration for individual events.

CHAMPS ARCHIVES
This event will be archived online and on CD-ROM. The online version will be available within two weeks of the live event, and the CD will be available within two months. CHAMPS will email all identified participants when these resources are ready for distribution. For information about all CHAMPS archives, please visit www.CHAMPSonline.org/Events/DistanceLearning.html.

DESCRIPTION OF CCHN
Colorado Community Health Network (CCHN) is a non-profit organization representing the 18 Colorado Community Health Centers (CHCs) that together are the backbone of the primary health care safety-net in Colorado. CCHN is committed to educating policy makers and stakeholders about the unique needs of CHCs and their partners, providing resources to ensure that CHCs are strong organizations, and supporting CHCs in maintaining the highest quality care. For more information about CCHN, please visit www.cchn.org.

DESCRIPTION OF CHAMPS
Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally-funded Community, Migrant, and Homeless Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, please visit www.CHAMPSonline.org.
SPEAKER BIOGRAPHY

Yvonne Kellar-Guenther, Ph.D. has a doctoral degree in interpersonal communication theory with an emphasis in health communication. She is a program evaluator, trainer, and teacher. Yvonne teaches for the Colorado School of Public Health, Dept of Community and Behavioral Health on program evaluation and qualitative methodology. She has also taught a course on how to conduct clinical trials for the Basic Science program. In addition to teaching, Dr. Kellar-Guenther has helped create the Colorado Patient Navigator Training Curriculum and was responsible for the creating and training on the communication and health communication materials. She has also taught principal investigators and clinical trial coordinators how to engage in informed consent for low literacy groups. Finally, Yvonne is a program evaluator and has evaluated local, state, and national programs. She is currently involved in one state and two national evaluations.
Motivational Interviewing: An Introduction to Encouraging Health Behavior Change
Presented by: Yvonne Kellar-Guenther, Ph.D.
Colorado School of Public Health

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Lunchtime Learning: Professional Skill Development
Distance Learning Series, Part 6 of 6

Interactive Poll
How familiar are you with the concept of Motivational Interviewing?

• Not at all familiar
• A little familiar
• Somewhat familiar
• Familiar
• Completely familiar
Interactive Question

• How many total people are watching this event at your computer (yourself included)?

Learning Objectives:

At the end of the session, participants will understand:

• Why motivational interviewing is used a technique in changing health behaviors.
• The basic premise for utilizing motivational interviewing.
• Some pitfalls to avoid when engaging in motivational interviewing.
What Does It Mean to Motivate?

Stimulate (someone's) interest in or enthusiasm for doing something

In healthcare, what are some behavior changes we typically want people to do?
Figure 1. Number of hospital stays with a diagnosis of pulmonary hypertension increased by 50 percent, 1997–2005*
How do we help patients to make these changes?

Interactive Poll
Are you familiar with this model of behavior change?

- Yes.
- No.
- Not Sure.

Figure: Illustration of the stages of the model.

Interactive Poll
How do we get people to move toward engaging in a health behavior?

- No clue
- Educate them
- Bribe them
- None of the above
Motivational Interviewing (MI) is one tool

Evidence it works

• MI was first described in 1983 and was originally used to treat alcoholism.
• Carroll et al. (2006). Participants were 423 substance users entering outpatient treatment in five community based treatment settings, who were randomized to receive either the standard intake/evaluation or MI techniques and strategies were integrated.
  • Participants assigned to MI had significantly better retention through the 28-day follow-up than those assigned to the standard intervention.
  • There were no significant effects of MI on substance use outcomes at either the 28-day or 84-day follow-up.
Evidence it works

• Soderlund et al. (2011). Reviewed 10 studies on MI used in general practice.
  • They found that the MI training generated positive outcomes overall and had a significant effect on many aspects of the participants’ daily practice.
• Jensen et al. (2011). Did a meta analysis that included 5,471 adolescent participants. The studies look at substance use behavior change.
  • Small, but significant, effect sizes were observed at follow-up suggesting that MI interventions for adolescent substance use retain their effect over time.
  • MI interventions were effective across a variety of substance use behaviors, varying session lengths, and different settings, and for interventions that used clinicians with different levels of education.

Evidence it works

• Armstrong et al. (2011). Conducted meta analysis that ended up including 11 weight loss studies that used MI.
  • Motivational interviewing was associated with a greater reduction in body mass compared to controls.
  • There was a significant reduction in body weight (kg) for those in the intervention group compared with those in the control group.
  • Motivational interviewing appears to enhance weight loss in overweight and obese patients.
Interactive Poll

• Training on how to do motivational interviewing is important.
  • True
  • False

The “it works*”

• In all the studies on the impact of those delivering the MI, they only included those who were trained in it.
  • Training times differed

Let’s look at how MI works and then talk about why the training piece is important.
Overview of Motivational Interviewing

• MI is based on a ‘directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence’. (Rubak et al. 2005, p. 305)
  • MI is aimed at clients reluctant to change or ambivalent about changing

Why Motivational Interviewing Works

Old Approach vs Motivational Interviewing
Why Motivational Interviewing Works

• Includes patient/customer
  • Patient comes up with the need statement and what behaviors they want to change
• Include Stages of Change
• Takes a persuasive vs. coercive approach

Persuasion Theories to Explain Why MI Works

• Social judgment theory
• Self persuasion
• Social Influence and Weapons of Influence
Social Judgment Theory by Sherif

- Sherif claims that to get attitude change:
  - The message needs to be in the latitude of non-commitment
  - The receiver (patient) needs to have a bigger latitude of acceptance or non-commitment
    - How do you get that when working with patients?
  - The more alternatives the message allows, the higher the chance of movement
  - The source of the message needs to be credible to the receiver (patient)

Interactive Poll

Who can be a credible source for health related messages?

- a. The physician or nurse
- b. The medical assistant
- c. The health coach
- d. All of the above
Self Persuasion Theory

• To get attitude change:
  • You need to place the receiver (patient) in a situation where they are motivated to persuade themselves to change.
Interactive Poll

How do we do this in Motivational Interviewing?

a. The trusted provider explains why the person needs to change behavior.

b. The patient talks about what they would like to do that they cannot right now.

c. The patient’s family lists what they would like the patient to do that he/she cannot do right now.

Social Influence and Weapons of Influence by Cialdini

1. **Reciprocity** - People tend to return a favor, thus the pervasiveness of free samples in marketing. The good cop/bad cop strategy is also based on this principle.

2. **Commitment and Consistency** – If people commit, orally or in writing, to an idea or goal, they are more likely to honor that commitment because of establishing that idea or goal as being congruent with their self-image.

3. **Social Proof**– People will do things that they see other people are doing. For example, in one experiment, one or more confederates would look up into the sky; bystanders would then look up into the sky to see what they were seeing.

4. **Authority**– People will tend to obey authority figures, even if they are asked to perform objectionable acts.

5. **Liking**– People are easily persuaded by other people that they like.

6. **Scarcity**– Perceived scarcity will generate demand.
Interactive Poll

Which of these “weapons” fits with Motivational Interviewing?

a. Reciprocity  
b. Commitment and Consistency  
c. Social Proof  
d. Authority  
e. Liking  
f. Scarcity

Let’s Connect This to Motivational Interviewing

<table>
<thead>
<tr>
<th>MI Skill</th>
<th>Persuasion Theory Construct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Express empathy</td>
<td>Latitude of Non-Commitment &amp; Liking</td>
</tr>
<tr>
<td>Ask questions that require the patient to reflect back and project forward</td>
<td>Self Persuasion</td>
</tr>
<tr>
<td>Roll with resistance</td>
<td>Latitude of Non-Commitment or Accept.</td>
</tr>
<tr>
<td>Support self-efficacy</td>
<td>Commitment &amp; Consistency</td>
</tr>
<tr>
<td>Nonjudgmental</td>
<td>Liking</td>
</tr>
<tr>
<td>The patient verbalizes the need for change, not the provider</td>
<td>Self persuasion, commitment &amp; consistency, alternatives</td>
</tr>
</tbody>
</table>
So... What are the pitfalls with Motivational Interviewing?

"Empathy"? — that doesn't sound very adaptive!

So... What are the pitfalls with Motivational Interviewing?
So… Why are the pitfalls with Motivational Interviewing?

- It takes skills to:
  - Let the patient define the problem and come up with solutions
  - Remember and communicate that the patient is an expert
  - Discuss without arguing
  - Ask open-ended questions that promote discussion
  - Asking probing questions
  - Be patient so client can develop his or her own insight and resolution
  - Stay nonjudgmental!

MI is harder than most people think!

Questions
Thank You for Joining Us!

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Colorado School of
PUBLIC HEALTH

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Thank You for Joining Us!

Your opinions are very important to us.

Please complete the Evaluation for this event. Those attending the entire event and completing the Evaluation questions will receive a Certificate of Participation.

Each person should fill out their own Evaluation Survey.

Please refer to the SurveyMonkey link provided under the “Handouts” tab of the online event. The same link was provided in the reminder email sent out in advance of the event, and will be included in a follow-up email to those logging onto the live event. Please pass the link along to others viewing the event around a shared computer.

To learn more about trainings offered by CHAMPS and CCHN, please visit:

- [www.CHAMPSonline.org/Events/](http://www.CHAMPSonline.org/Events/)
- [www.CCHN.org/training-and-events](http://www.CCHN.org/training-and-events)