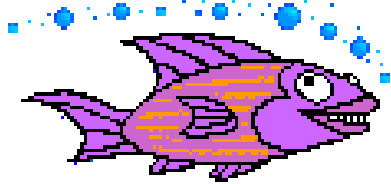


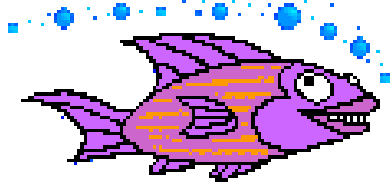
# Two Simple Words and One Powerful Idea

**A primer for helping patients make plans for meeting the goals they have identified.**

**Craig R. Fisher, L.C.S.W., Ph.D.**



**Fill in the blank for me. IF  
(\_\_\_\_\_) were a drug, it would  
be the blockbuster drug of  
the century and malpractice  
not to use it.**



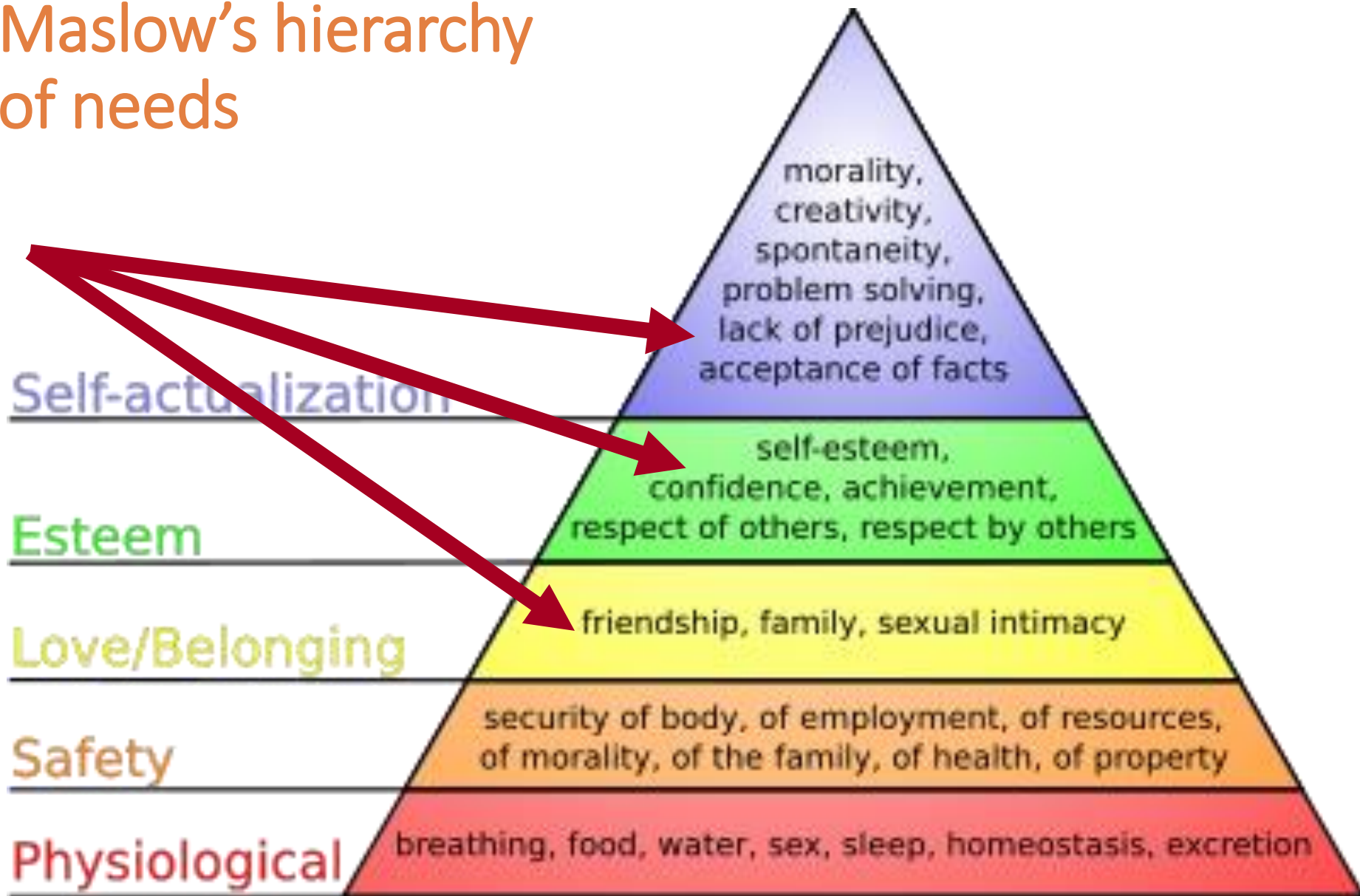
**If patient empowerment**  
were a drug, it would be the  
blockbuster drug of the century  
**and malpractice** not to use it.

# VA Study

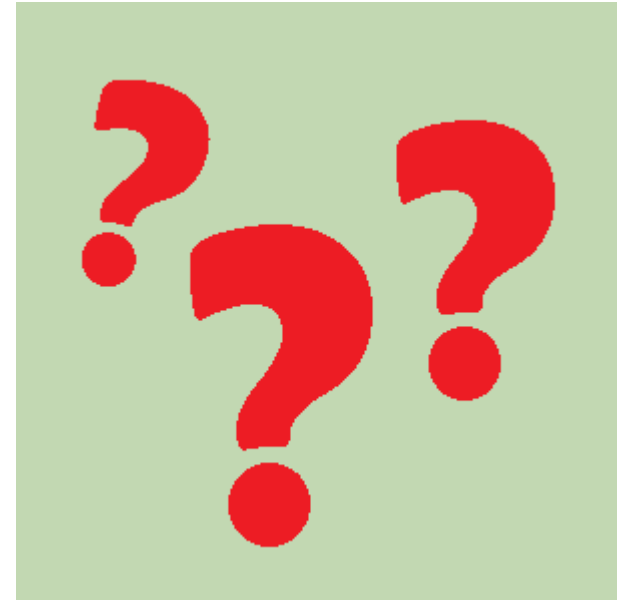
**19.74% reduction in hospital admissions**  
**25.31% reduction in bed days of care**  
**86% patient satisfaction**  
**\$1,600 average cost per patient per year,**  
**compared to \$13,121 for primary care and**  
**\$77,745 for nursing home care**

**20% to 57% reduction in the need to be treated**  
**for the chronic diseases studied, including**  
**diabetes, COPD, heart failure, PTSD, and**  
**depression**

# Maslow's hierarchy of needs



Quality of life for dialysis patients and the Maslow Pyramid





## **Quiz: What is motivational interviewing?**

- A. A magical tool that will make all of our interactions with our patients powerful and pain free.**
- B. Just another idea of the month that is another thing CMS want to put on my plate.**
- C. A tool that can help me deliver to my patients that blockbuster factor of empowerment.**
- D. A technique that has been proven to assist care givers of different roles in many different settings in helping clients help themselves.**



# Today during our time together, I plan to cover...

- The two simple words for today
- Refresh on motivational interviewing
- The process of using motivational interviewing
- Goals -
- Plans development
- Review

# Motivational interviewing



**It is not a series of magical techniques**  
but a style, a way of being with our patients.  
In other words, ... **a patient-centered approach to**  
**working with people ‘where they are’ rather than**  
**‘where they should be’ as dictated by treatment**  
**providers.**

**We need to be on the “same page”  
– their page.**

G. Alan Marlatt, Ph.D.



# Why MI?

It is :

- **Evidence-based** practice
- **Effective** across populations and cultures

And:

- Actively involves **individual** in own care
- **Improves** adherence and retention in care
- **Promotes** healthy “helping” role for care team
- Improves care giver’s’ retention in **caring**
- Instills **hope**

# What is Motivational Interviewing?

It is:

A style of talking with people  
constructively about reducing their  
health risks and changing their behavior.

# What is Motivational Interviewing?

It can be defined as:

A patient-centered directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

# What is Motivational Interviewing?

It is designed to:

Enhance the client's own motivation to change using strategies that are empathic and non-confrontational.

# What is Motivational Interviewing?

You can recognize it by observing:

- The powerful behavioral strategies for helping clients convince themselves that they ought to change
- The “spirit of Motivational Interviewing” style in which it is delivered

# How does MI differ from traditional or typical medical counseling?

Patient and practitioner are equal partners in relationship (collaborative effort between two experts)

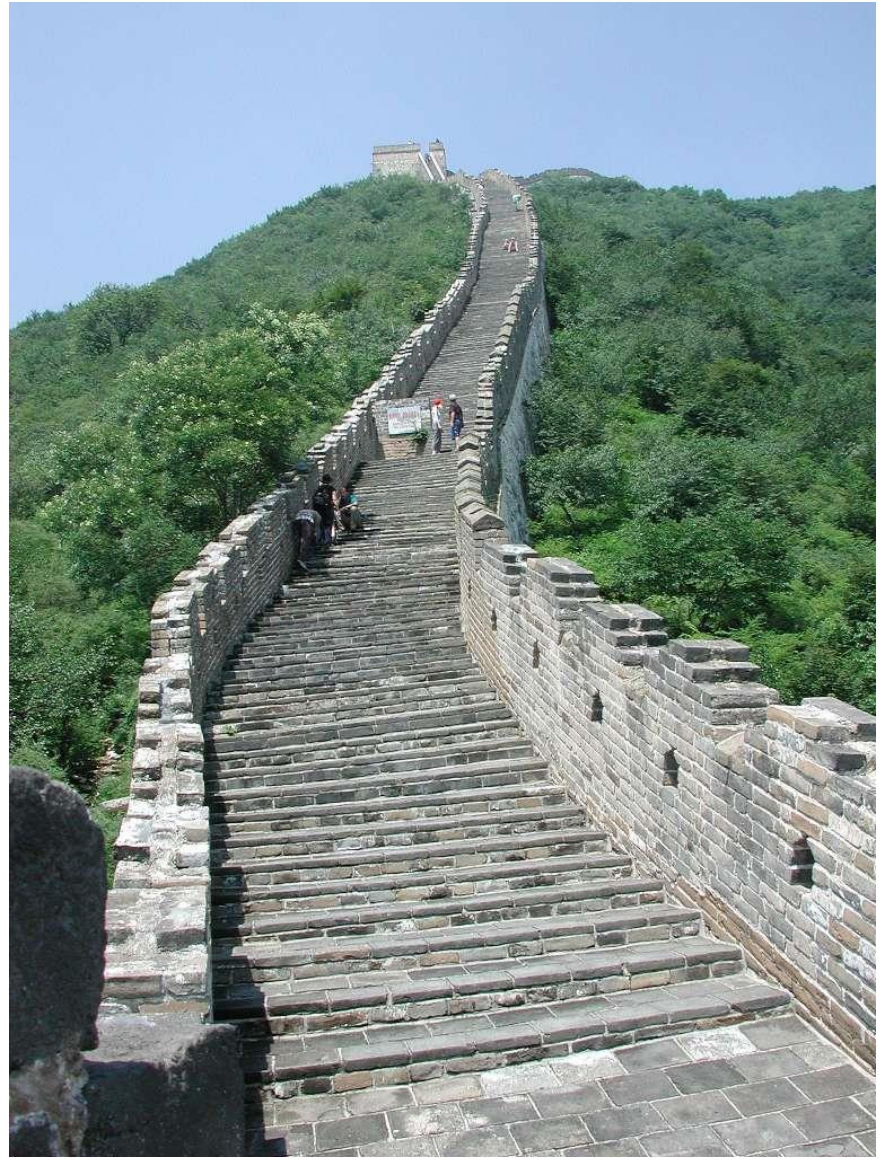
Experts in different  
Areas of knowledge.





# How Change Happens

"Habit is habit, and  
not to be flung out  
the window... but  
coaxed downstairs  
a step at a time.  
Mark Twain



# How does MI differ from traditional or typical medical counseling?

- AMBIVALENCE is the key issue to be resolved for change to occur.
- People are more likely to change when they hear their own discussion of their ambivalence.
- This discussion is called “*change talk*” in MI.
- Getting patients to engage in “change talk” is a critical element of the MI process.

\*Glovsky and Rose, 2008

# Motivational Interviewing Style in Action

Therapist elicits behavior change

Respects autonomy  
of the patient

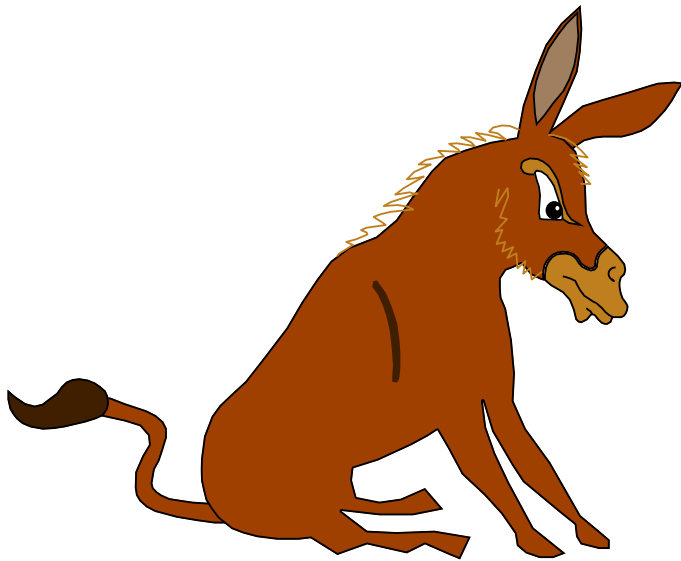
Understands patient's ambivalence

Helps patient explore consequences  
of choices being considered

# The Change Process

- **Motivation** to change **is a state**, not a trait
- Ambivalence is normal
- Resistance happens; not a force to overcome
- The other person is an partner not an adversary
- Recovery, change, growth are intrinsic to human experience

***“Given a choice between changing and proving that it is not necessary, most people get busy with the proof.”***

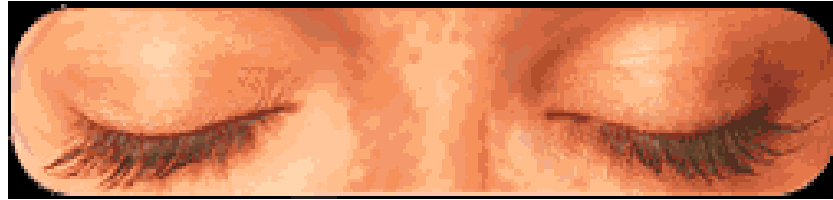


John Galbraith

# Hot Button Philosophy



# **Their eyes**



## **Realities and Experience of Dialysis Patients**

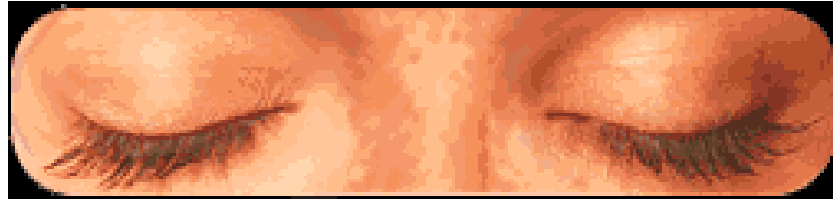
### **Structural Barriers**

- **Lack of adequate income support/a livable wage**
- **Lack of appropriate, affordable housing**
- **Lack of access to health/mental health/substance abuse care**
- **Inadequate social supports**





## **Their eyes**

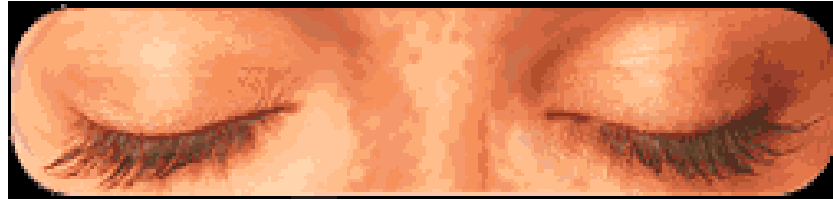


# **Realities and Experience of Dialysis Patients**

## **Intra-personal Feelings/Perceptions**

- Anxiety, **fear of future**
- Shame, guilt of being ill – it's all my fault
- Frustration, anger
- Depression, psychosis
- Low energy and motivation
- Lack of self-efficacy
- Lack of meaning, identity, belonging
- Hopelessness

## **Their eyes**



## **Realities and Experience of Dialysis Patients**

### **Personal Vulnerabilities**

- Physical health problems
- Mental disorders
- Substance use disorders
- Education and/or Cognitive levels
- Cultural issues

“For every complex problem there is an easy answer, and it is wrong.”

H.L. Mencken



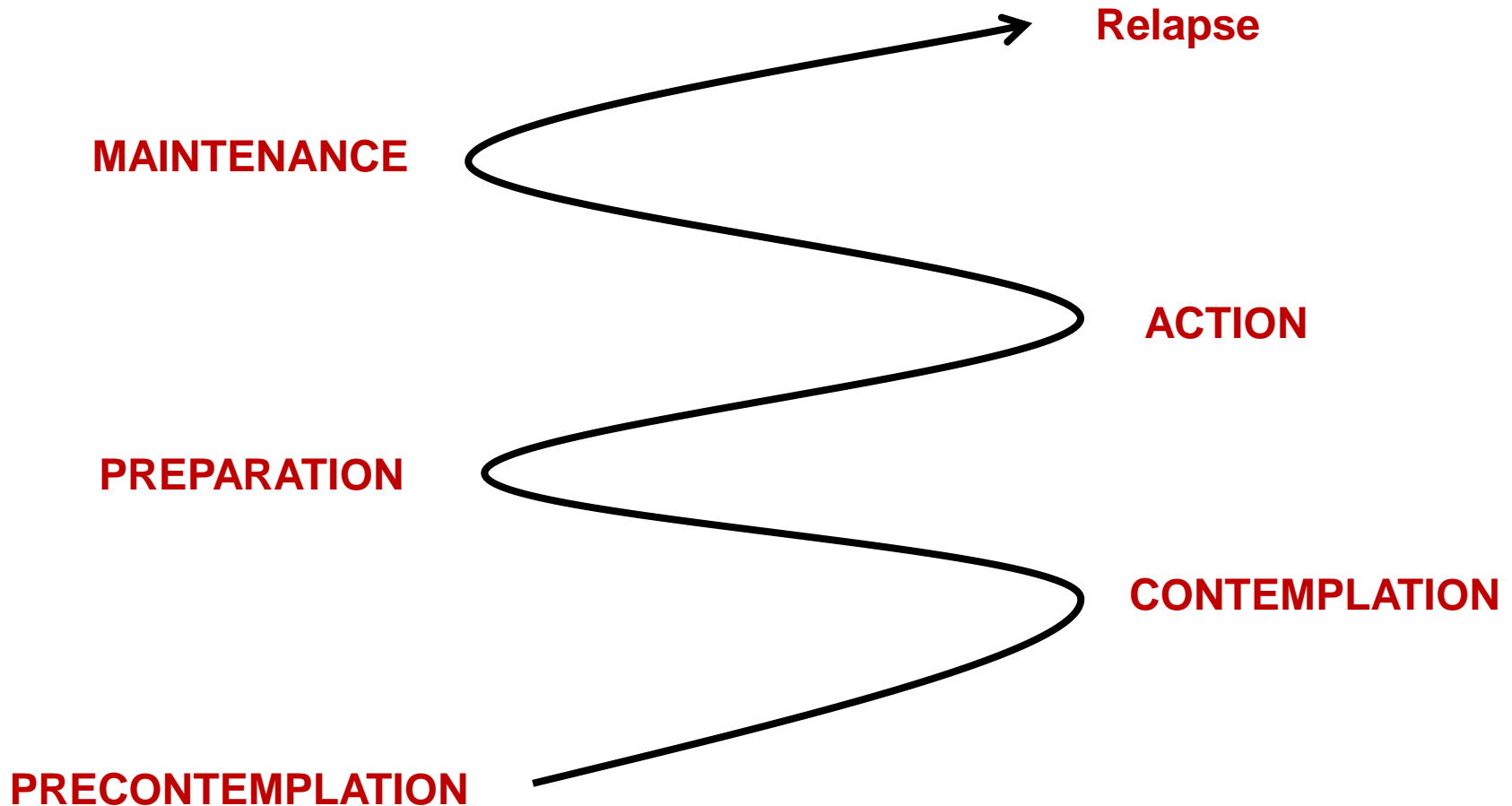
# Motivational Interviewing

Effective Approaches to  
Motivate Healthy Choices

*Stages of Change*

# Stages of Change

Prochaska & DiClemente



**RELAPSE** at any stage is viewed as a loss of motivation and movement back down the spiral of change.



# Pre-contemplation

Not a clue!

“Who, me?” Unaware or barely aware of a problem

No intention of changing behavior in foreseeable future



# Contemplation

**Aware of problem, but not ready to change**

**Dealing with ambivalence, weighing pros and cons**

# Ambivalence



“Me, ambivalent?...Well , yes and no....”

**“People often get stuck, not because they fail to appreciate the down side of their situation, but because they feel at least two ways about it.”**



# Ambivalence

*“I want to, but I don’t want to”*

- Natural phase in process of change
- Problems persist when people “get stuck” in ambivalence
- Normal aspect of human nature, not pathological
- Ambivalence is key issue to resolve for change to occur



## Generate a Gap/ Ambivalence

**Develop a discrepancy between individual's current behaviors *and* his/her stated values and interests**

**Let patient present arguments for change**

**Acknowledge both the positives *and* negatives of behavioral change**

**Cognitive dissonance.**



# Preparation

**Turns ambivalence into intention to take action**

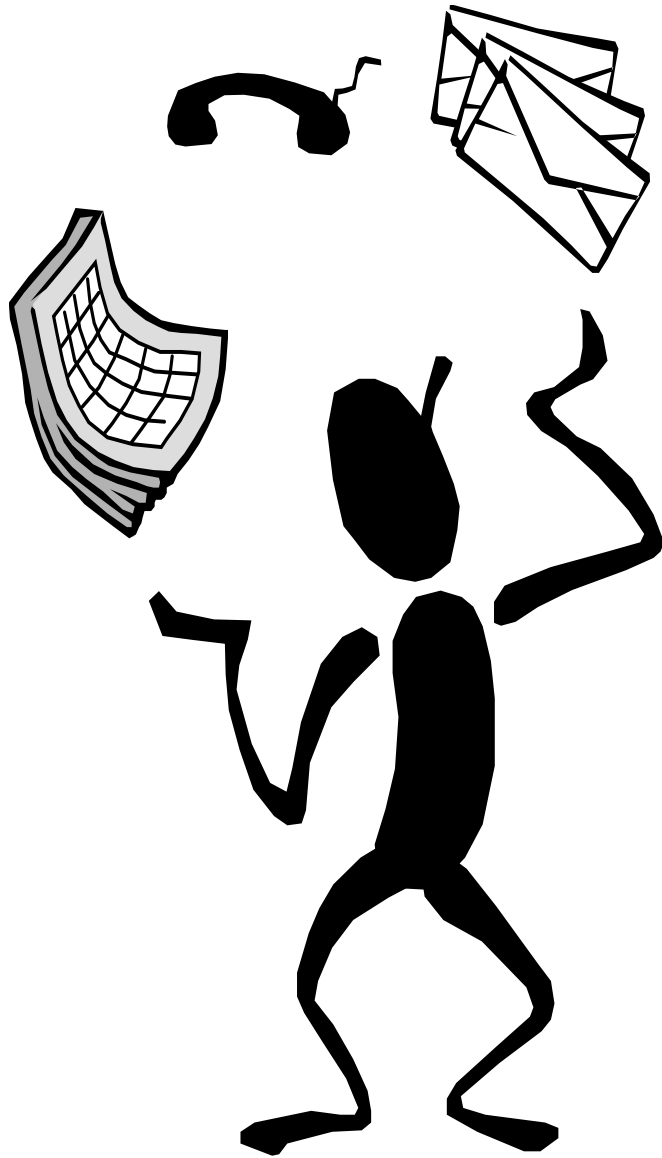
**Sets reachable goals and makes specific plans**



# Action

**Commitment is clear**

**Modifies behavior,  
experiences, and  
environment to  
address problem**



# Maintenance

**Stabilizes  
behavioral  
changes/engages  
in new behaviors**

**Chooses effective  
support system**

# Stages of Change: Practical Implications

**Tailor your approach to the stage**

**Move one stage at a time**

**Be patient, allow time**



No one cares how much you  
know, until they know how much  
you care.

- Theodore Roosevelt

# Readiness Occurs in Relationship





# Some guidelines to use

Take a realistic approach

Listen empathetically

Empathic listening is,  
in and of itself, a  
tremendous deposit  
in the Emotional Bank  
Account.



# Some guidelines to use

Listen empathetically

**I know exactly  
how you feel. I  
had exactly the  
same  
experience!**



# Communication sources

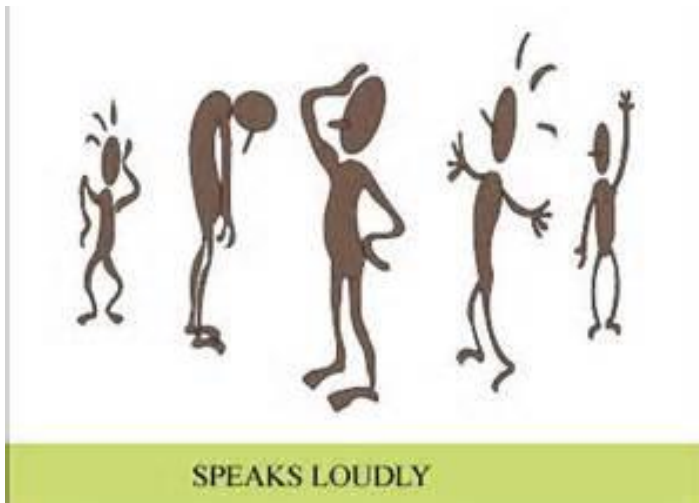
10% “blah, blah.....

30% “ah, ooh, wow

60%



Keep talking...



# Goals?

**Where do they come from?**

## Goals? Work as a team with your patient:

**Staff the patient with the rest of the core team. Maybe another team member has clues to understanding the patient that you have missed.**

**Maybe another team member has heard the patient discuss something that can point out the patients strengths, lead to an area for positive reinforcement or show where not to go in a conversation.**

**Try to understand the patient's fears and whether he is thinking logically or emotionally.**

## Some Guidelines -Take a realistic approach:

**Do not expect patients to immediately agree with your ideas. If they have not yet accepted the need for a fistula, they probably have what they believe are good reasons and will resist your attempts to change their minds.**

**Trust is just one of the many factors that will affect the outcome of your meeting with a patient**

**Patients need to know it's about their needs: their well being, and not the staff's needs. It is realistic to expect the patient to have resistance.**

# Roll with resistance:

**Do not get into power conflicts. Listen and acknowledge the patient's point of view.**

**If the patient thinks that you hear them, they may be more willing to hear you.**

# In those conversations:

- Ask twice as many *open* questions as closed questions
- When listening empathically, more than half of your reflections should go beyond simple reflection
- Offer 2 or 3 reflections for every question you ask



Talk less than your patient:

Talk less, listen more.  
Sometimes silence speaks  
louder than words.

# Here are Some Traps to Avoid

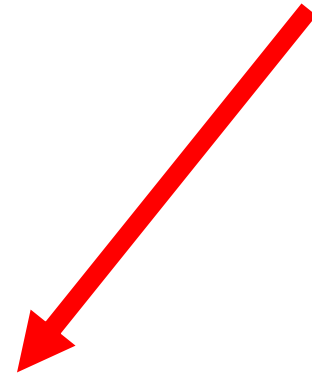
- **Question - Answer**
- **Taking Sides**
- **Expert**
- **Labeling**
- **Premature Focus on change**
- **Patient getting into the Blaming – not relevant who's at fault or to blame –**

# An Operating Assumption

People always use their best problem-solving strategies to get their needs met, even if these strategies are dysfunctional.



Want more tips on  
the interview  
process?



**CCNC Motivational Interviewing  
(MI) Resource Guide**

# PROS AND CONS MATRIX

Exercising		
	Pros (Good Things)	Cons (Downsides)
Continuing to avoid exercising	Reduce depression, more able to be active	Not fun – I am not a schedule type of person
Schedule activities	More likely to actually do something healthy	It will take effort....

# Action plans

**S**pecific

**M**easurable

**A**chievable

**R**ealistic

**T**imeframe

# Plans that Shape Behaviors Toward Goals

*“Nothing breeds success like success”*

- 1) Helping patients set a series of goals that move them ahead in small steps is the best way to reach a distant point;
- 2) Helping patients find ongoing rewards for achieving these steps can help them want to keep the change process going.

# Plans that Shape Behaviors Toward Goals

*“Nothing breeds success like success”*

- 1) Help the patient over stumbling blocks
- 2) Helping patients see the progress they have made can encourage them to keep the change process going.



# Can Do

- Increase individual's perception of self as a capable person
- Affirm positive statements and behaviors
- Offer options, instill hope
- Encourage consideration of role models, past successes



# Goals into action

Provide positive reinforcement:

- Compliment small steps. (For example: have they reduced their fluid overload,**
- How are their labs, is one lab factor improved,**
  - Are they coming on time,**
  - Is their affect brighter, etc.)**
  - Point out their efforts – help them to see their growth.**

Emphasize patient's personal strengths:

What are their  
strengths?

Sometimes the patient  
is not aware that they..

# Bearing Hope

**“People who believe they are likely to change do so. People whose care givers believe that they are likely to change do so. Those who are told that they are not expected to improve indeed do not.”**

**Miller & Rollnick, 2002**

# **Two Simple Words and One Powerful Idea**

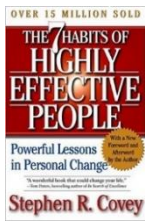
**A primer for helping patients make plans for meeting the goals they have identified.**

**Craig R. Fisher, L.C.S.W., Ph.D.**

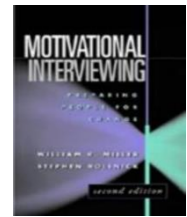
DON'T  
"EVER"  
GIVE UP



**Keep on  
keeping on!**



# Resources



- TIP # 35 - Enhancing Motivation for Change in Substance Abuse Treatment, CSAT, 1999. 1-800-729-6686 – NCADI
- *TELEMEDICINE and e-HEALTH*. DEC 2008; VOL.14 (10): 1118-1126) Mark Blatt, MD,
- Motivational Interviewing (2<sup>nd</sup> Ed.), Miller, WR & Rollnick, S., The Guilford Press, 2002.
- *Changing for Good* by J.Prochaska, Norcross & DiClemente, 1994
- <http://www.hl7standards.com/blog/2012/08/28/drug-of-the-century/>. Leonard Kish
- [Helping Patients Make Healthy Fistula Choices Craig R. Fisher, Ph ...](#)
- [www.therenalnetwork.org/.../HelpingPatientsMakeHealthyFistulaChoices\\_](http://www.therenalnetwork.org/.../HelpingPatientsMakeHealthyFistulaChoices_) Craig Fisher,
- Health Behavior Change, Rollnick, S, Mason P, & Butler, C. Churchill Livingstone, 1999.
- How Understanding Motivation Can Improve Dialysis Practices, D. Schatell & P. Alt, Nephrology News & Issues, Page 32-43, September 2008
- Website: [www.motivationalinterview.org](http://www.motivationalinterview.org)
- The 7 Habits of Highly Effective People. Copyright © 1989 by Stephen R. Covey.

JLObert@matrixinstitute.org [www.matrixinstitute.org](http://www.matrixinstitute.org) / [www.uclaisap.org](http://www.uclaisap.org) / <http://motivationalinterview.org>

Quality of life in end stage renal disease patients. Joshi, VD. World J Nephrol 2014 November 6; 3(4): 308-316 (the full article is available for free)

- **Quality of life for dialysis patients and the Maslow Pyramid**, APRIL 29, 2015, [Henning Søndergaard, MSc](#), [No Comments](#)
- **CCNC Motivational Interviewing (MI) Resource Guide, Community Care of North Carolina, 2013**, <https://www.communitycarenc.org/media/files/mi-guide.pdf>
- “The chronic disease self-management program-A pilot study in patients undergoing hemodialysis; Slesnick, Nate, Pienkos, Shawn, doss-McQuitty, Sheila, Schiller, Brigitte, s, Nephrology News and Issues, Vol. 29, No 4, pgs. 22-32.
- [What does a heron and a frog have to do with Fistula First?](#), [www.therenalnetwork.org/qi/resources/barriers\\_Craig.pdf](http://www.therenalnetwork.org/qi/resources/barriers_Craig.pdf)