



National Healthcare Group
POLYCLINICS

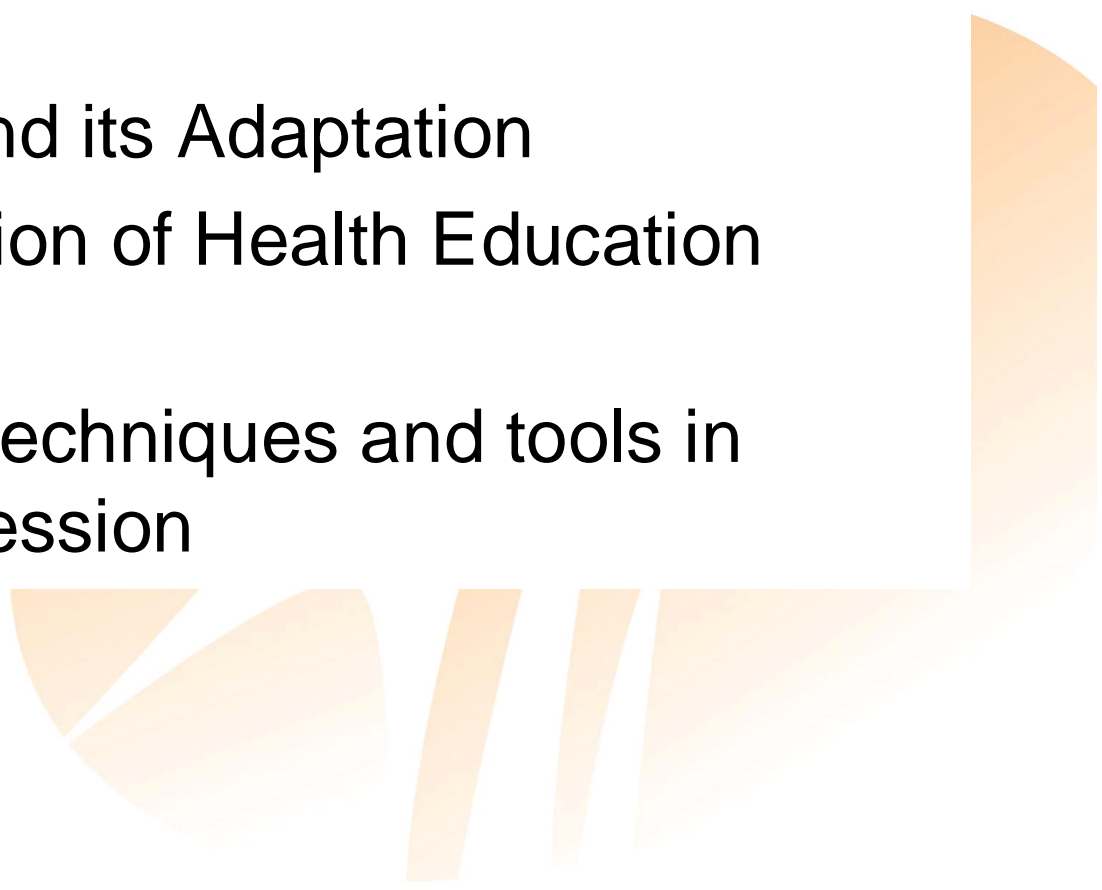
Motivational Interviewing Application in Clinical Practice

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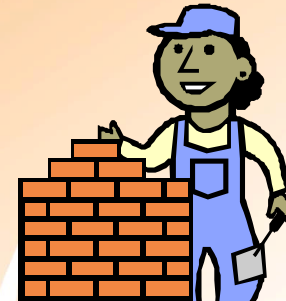
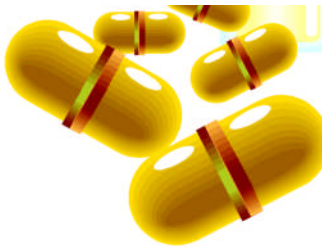
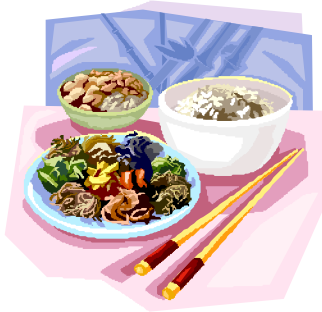
10 May 2008

The Singapore Disease Management Conference

Outline

- Relevance and Importance of Motivational Interviewing (MI) in Chronic Disease Management
 - Principles of MI and its Adaptation
 - Audio demonstration of Health Education versus Brief MI
 - Application of MI techniques and tools in outpatient clinic session
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Chronic Disease Management





Chan, B. and Molasiottis (1999).
Journal of Advanced Nursing, 30 (2), 431-438.

The relationship between diabetes knowledge and compliance among Chinese with non-insulin dependent diabetes mellitus in Hong Kong

This study examines the relationship between diabetes knowledge and compliance among Chinese with non-insulin dependent diabetes mellitus (NIDDM) in Hong Kong. A cross-sectional design was used to collect data through structured self-report interviews based on validated scales assessing diabetes knowledge, compliance behaviours and demographic data. The Diabetes Knowledge Scale was used to sample knowledge in the major areas of basic physiology of diabetes and general principles of diabetes care. Compliance level was assessed by using the Compliance Behaviour Questionnaire, inspection of patients' feet and the value of HbA1c. A convenience sample of 52 Chinese with NIDDM receiving out-patient diabetes care participated in the study on a voluntary basis. Descriptive and correlational statistical analyses were used to analyse the data.



Chan, B. and Molasiottis (1999).
Journal of Advanced Nursing, 30 (2), 431-438.

- The findings indicated that there was no association between diabetes knowledge and compliance.
- There was a gap between what the patients were taught and what they were actually doing.
- Most of the patients gained higher marks on factual knowledge on diabetes but lost marks on the application of knowledge to their real life situations.

Evolving HCP-Patient Relationship

**The Goal of CDM is NOT Cure but
Maintenance of Pleasurable and Independent Living**

TRADITIONAL CARE

- Principal care giver: Doctors.
- Professionals are experts.
- Patients are passive.

COLLABORATIVE CARE

- Principal care giver: Patients themselves.
- Professionals are experts about disease. Patients are experts of their lives.
- Shared responsibility.

Evolving HCP-Patient Relationship

PATIENT EDUCATION

- Information and skills are taught
- Usually disease-specific
- Assumes that knowledge creates behavior change
- Goal is compliance
- Teachers are health care professionals
- Didactic

SELF-MX EDUCATION

- Skills to solve patient-identified problems are taught
- Skills are generalizable to all chronic conditions
- Assumes that confidence yields better outcomes
- Goal is increased self-efficacy
- Teachers can be professionals or peers
- Interactive

Motivational Interviewing

- Introduced by Dr Miller
- Addictive behaviors
- Recently used in chronic disease management
- Based on framework of Transtheoretical Model of Change
- Challenges the stages of Change as fluid rather than fixed

Principles of MI

“A directive, client-centered counseling style for eliciting behavior change by helping clients to resolve and explore ambivalence”

(Rollnick and Miller, 1995 cited in Miller, 1996, p.839).

Express Empathy
Develop Discrepancy
Roll with Resistance
Supporting Self-Efficacy

MI Adaptation

- Brief Motivational Interviewing is NOT Motivational Interviewing.
- Brief MI retains the principles of MI
- Requires only 15 to 20 minutes to execute.
- Possible to do it in the outpatient setting
- Alternatively, techniques/ tools of MI can be incorporated into Health Education (HE)

	<u>HE</u>	<u>BRIEF MI</u>	<u>MI</u>
<i>Practitioner & Client</i>	Active expert-passive recipient	Counselor-active participant	Leading partner-partner
<i>Confrontation/Challenging</i>	Sometimes	Seldom	Never
<i>Empathetic Style</i>	Sometimes	Usually	Always
<i>Information</i>	Provide	Exchanged	Exchanged to develop discrepancy

Audio Recording (Health Education)

Pass “Judgment”

Provide unsolicited advice

Confrontation

“Prescribing” Directions

Mostly closed-ended questions

Nurse “talk time” > Patient “talk time”

Audio Recording (Brief MI)

Open-ended Questions

Reframing & Summarizing

Roll with Resistance

Exploring Ambivalence

“Importance” Scale

Elicit Benefits

Elicit Barriers

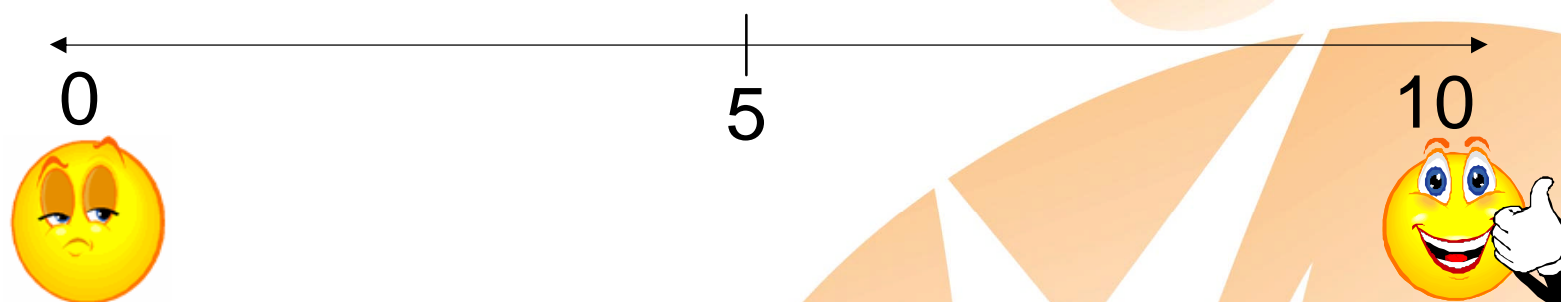
Elicit-Provide-Elicit

Patient decides Directions

Patient “talk time” > Nurse “talk time”

MI Tools and Techniques

Eliciting Change Talk: Using Scales



“On a scale of 0 to 10, how ready are you to quit smoking?”

- Ask backward question. (*Eliciting Benefits*)
- Ask forward question. (*Eliciting Barriers*)
- Ask what does it take. (*Eliciting Solutions*)

MI Tools and Techniques

Exploring Ambivalence

- Summarize and reframe patient's conflicting values and behavior.
- Emphasize Values Discrepancy.

“You are concerned about your health affecting your job in the long run and yet there is difficulty to engage in some form of healthy behavior change, where does this leave us now?”

Roll with Resistance

- Reflective listening
 - *Respond to content, feeling and meaning*
- Empathizing

In A Nutshell



The notion of “HEALING”

We are usually convinced more easily by reasons we have found ourselves than by those which have occurred to others.

Pascal 1623-1662



More than a Technique, it's a **STYLE**



