

# About the Center

*In partnership with Health & Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA).*

## **Goal:**

To promote the planning, and development and of integration of primary and behavioral health care for those with serious mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety net provider settings across the country.

## **Purpose:**

- To serve as a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development
- To provide technical assistance to PBHCI grantees and entities funded through HRSA to address the health care needs of individuals with mental illnesses, substance use and co-occurring disorders

**For information, resources and technical assistance contact the CIHS team at:**

**Online:** [integration.samhsa.gov](http://integration.samhsa.gov)

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# ***SAMHSA-HRSA Center for Integrated Health Solutions***

## **Enhancing Strategies to Promote Patient Change in Primary Healthcare Settings**

Presented by:

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The Center for Evidence-Based Practices

At Case Western Reserve University

Consultant and Trainer



## **Motivational Interviewing Webinar Series: Helping People Embrace Behavior Change in Healthcare Settings**

Healthcare professionals often struggle to understand why those they serve don't follow a care plan to address their health and/or behavioral health conditions. While many effective treatment approaches exist for individuals who are ready to make health-related changes, helping these individuals explore the impact of their conditions, consider what to do, and adhere to a treatment regimen can create unique challenges that the healthcare system is less prepared to address.

The **SAMHSA-HRSA Center for Integrated Health Solutions'** 3-part webinar series — *Helping People Embrace Behavior Change in Healthcare Settings* — will provide primary and behavioral healthcare staff strategies to support individuals' readiness for health-related behavior change using motivational interviewing.

**Engaging People in Discussions about Health-related Changes**  
August 15, 2012, 2:00–3:30 pm (Eastern)

**Enhancing Strategies to Promote Individual Change in Primary Healthcare Settings**  
September 5, 2012, 2:00–3:30 pm (Eastern)

**Enhancing Strategies to Promote Individual Change in Behavioral Healthcare Settings**  
September 19, 2012 2:00–3:30 pm (Eastern)

*\*Archived copies of the webinar slides, recording, and transcripts are available on the CIHS website*



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# CENTER FOR EVIDENCE-BASED PRACTICES

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A partnership between the Mandel School of Applied Social Sciences & Department of Psychiatry at the School of Medicine

# Learning Objectives

Brief overview of the behavioral change process and core aspects of the Motivational Interviewing model.

Explain problems encountered when providing health-related information to patients, and discuss strategies to minimize their information overload.

Discuss and apply three skills that promote constructive health-related behavior change discussions.







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## Engaging People in Discussions About Health-related Changes



## Individuals change voluntarily when they. . .

Become **interested in or concerned** about the need for change

Become **convinced** that the change is in their best interests or will benefit them more than cost them

Organize a **plan of action** that they are **committed** to implementing

**Take the actions** that are necessary to make the change and sustain the change



# Components of Change

Resistance

Ambivalence

Motivation





# What is Motivational Interviewing (MI)?

“A collaborative,  
person-centered  
form of guiding  
to elicit and strengthen  
motivation for change.”

(Miller and Rollnick, 2009)



# Webinar 1 Summary...

Have a conversation

Listen to the person

Communicate understanding

Respect autonomy

Promote rapport/reduce resistance

Listen for, encourage and reinforce language about change.





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## **Enhancing Strategies to Promote Patient Change in Primary Healthcare Settings**



# Complications in Primary Healthcare

Be the expert

Information overload

Demanding Change



# Be the Expert

***Relying only on your expertise can lead to:***

Staff providing direction without first helping the person determine **his or her** goals, direction and plans.

Person becoming passive

Half-hearted commitments





# Expert: Solutions

Only offer advice with their permission

- Or permission to disregard the advice

Remember: the person is the expert regarding their experience

Be a resource

Collaborate rather than direct

Offer choices whenever possible (Autonomy)



# Information Overload

***Providing too much information at one time can lead the person to:***

Feel overwhelmed

Be unable to act

Stop listening

Not absorbed Information



# Information Overload: Solutions

Share small amounts of information

Stop and check understanding before  
offering further information



# **Demanding Change**

***Attempting to force behavior change can lead to:***

Resistance

Creates a power struggle nobody wins!



# **Demanding Change: Solutions**

- Create opportunities for person to voice need for change
- Offer options
- View person as capable
- Express optimism about ability to change
- Be a resource







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# Communication Skills in Health Care



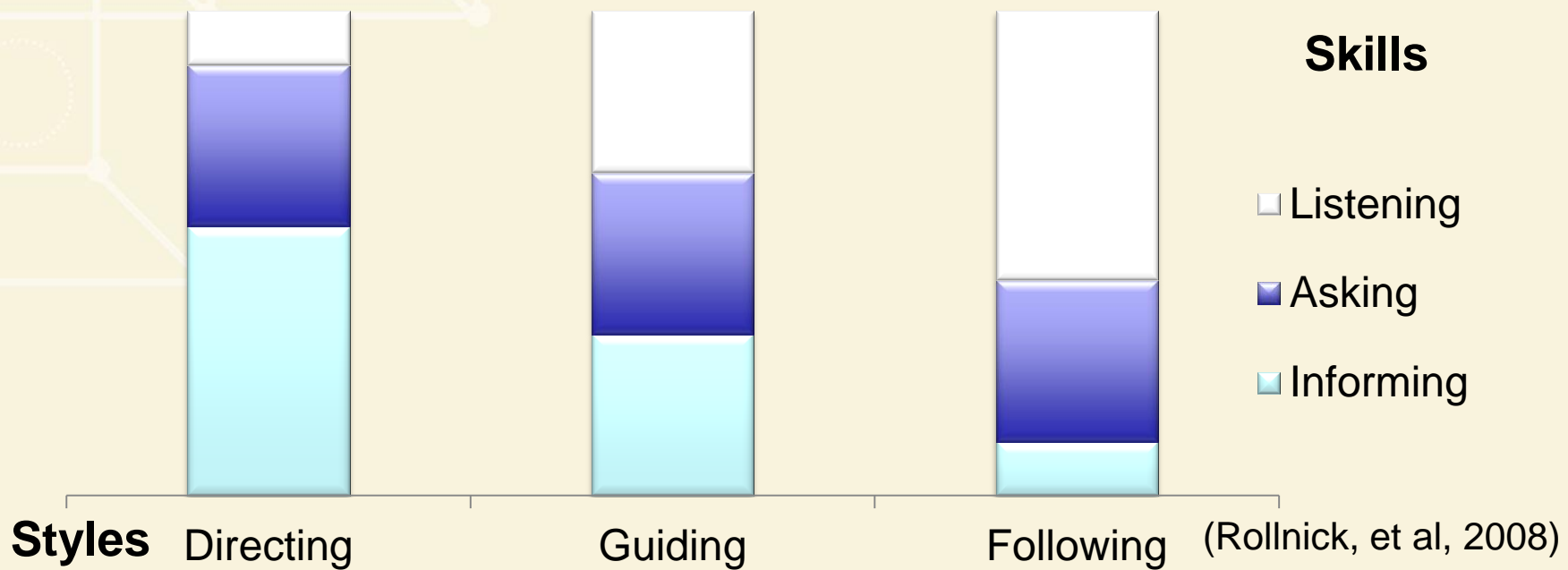
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# Communication *Styles* with *Skills*

## Conceptual Framework



# Three Communication Skills

These 3 skills influence your communication style. They can be used in various combinations.

Asking

Listening

Informing

(Rollnick, et al. 2008)





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# Communication Skills: Asking



# Asking

Asking questions helps to gain an understanding of the person's situation and concerns.

How we ask, can make a difference in what is shared with us.





# Asking Open-Ended Questions

- Helps promote a better relationship with the person
- Helps gather more useful information than closed questions alone
- Invites the person to talk about change
- Helps to assess how important making a change is to the person



## **Open-Ended Questions: Learning More About Person's Experience**

1. "How have you been doing since our last appointment?"
2. "What do you like about ...(smoking)?"
3. "What are your concerns about...(your breathing) ?"



# Establish a Focus

People often have multiple areas of concern - as does the provider

- Use a collaborative approach
- Balance person's concerns with your own

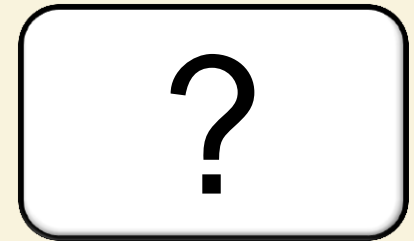


# How to Establish a Focus

- Use open-ended questions to gather person's concerns
- Provider shares their concerns with permission
- Prioritize what person wants to address during appointment
- Reprioritize, if needed, when a new concern emerges as higher priority



# Agenda Setting





# Open-Ended Questions: Promoting language in favor of Change

1. “Why would you want to make [this change]?”
2. “What are the not so good things about continuing to...?”
3. “What are some of the benefits you see in making [this change]?”



# Importance Ruler

**Readiness Ruler**  
**Importance**

How **important** is this change to you right now?



*Produced by the Center for Evidence-Based Practices (CEBP) at Case Western Reserve University with support from the Ohio Departments of Health, Mental Health, and Alcohol & Drug Addiction Services.*

1. On a scale of 0 - 10 how important is it for you to \_\_\_\_\_ (exercise more)?
2. Why are you at a \_\_\_\_\_ and not a zero?
3. What would it take for you to be at a \_\_\_\_\_ (one number higher than they are)?



# Confidence Ruler


**Readiness Ruler**  
*Confidence*

How **confident** are you about making this change?

0 1 2 3 4 5 6 7 8 9 10

*Not* *Somewhat* *Very*

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1. On a scale of 0 – 10 how confident are you that you can \_\_\_\_\_ (exercise more)?
2. Why are you at a \_\_\_\_\_ and not a zero?
3. What would it take for you to be at a \_\_\_\_\_ (one number higher than they are)?



## **When Readiness is Low: Consider Hypothetical Questions**

1. “If you were to (*stop smoking*), what might be some of the benefits?”
2. “How would you know it was time for you to make a change?”
3. “What’s the worst thing that could happen if things stay the same?”



## What might you ask?

### ***Person says:***

*“I don’t know what’s wrong with me. I have to go to the bathroom all the time. It’s annoying.”*



# What might you ask?

## **Person says:**

*“I don’t know what’s wrong with me. I have to go to the bathroom all the time. It’s annoying.”*

## **You might ask:**

*“Tell me more about that.”*

- Or -

*“What other symptoms are you noticing?”*





# What might you ask?

## **Person says:**

*“That’s a lot to ask me to do. Change what I eat, get more exercise and check my sugar. I’d like to, but how do you expect me to do all that at once?”*



# What might you ask?

## **Person says:**

*“That’s a lot to ask me to do. Change what I eat, get more exercise and check my sugar. I’d like to, but how do you expect me to do all that at once?”*

## **You might ask:**

*“This is pretty overwhelming to you. What seems like a reasonable first step for you?”*

- Or -

*“If you were to make these changes, how might you go about doing it?”*





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# Communication Skills: Listening



# Listening

When people feel heard, they will often say more.

- Focus on what the person is saying
- Communicate your understanding of what the person has said
- Rephrase what they have communicated (reflections)



# What might you reflect?

## ***Person says:***

*“I know I have trouble breathing, but the rescue inhaler helps. I’m just not interested in quitting smoking.”*



# What might you reflect?

**Person says:**

*“I know I have trouble breathing, but the rescue inhaler helps. I’m just not interested in quitting smoking.”*

**You might reflect:**

*“You would like to breath easier and quitting smoking isn’t a priority for you right now.”*

- Or -

*“You’re satisfied with how things are now, since you can breath better with the inhaler. Smoking isn’t something you want to change yet.”*







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# **Communication Skills: Informing**



# Informing

Providing information to the person about his/her condition, diagnoses, treatment options, and your recommendations.

The ***manner*** in which we provide information influences how well it is heard/understood.

(Rollnick, et al. 2008)



# Informing & Advice-Giving

Asking permission first:

- Conveys respect
- Information is more likely to be heard and considered

Explicitly acknowledge they have a choice

*“You’ll know when you’re ready.”*



# Informing & Advice-Giving

Three forms of permission:

1. Person asks for information or advice
2. You ask permission to give it
3. Offer permission to disagree/disregard

*“I don’t know if these ideas would be useful for you or not. Some things other people have tried are...”*



# Avoiding Information Overload

- Provide small amounts of information at a time
- Check understanding
  - “Does this make sense?”*
  - “Do you need me to go over something again?”*



# Summary

- Assess readiness, importance, and confidence
- Focus on what the person is saying
- Share small amounts of information
- Check understanding
- Convey hope and optimism





# Resources

Stephen Rollnick, William R. Miller, & Christopher C. Butler (2008). *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. Guilford Press, New York.

David B. Rosengren (2009). *Building motivational interviewing skills: A practitioner workbook*. Guilford Press, New York.

<http://www.centerforebp.case.edu/>

<http://www.motivationalinterviewing.org/>



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*Visit the CIHS website for resources to support  
Primary and Behavioral Health Care Integration*

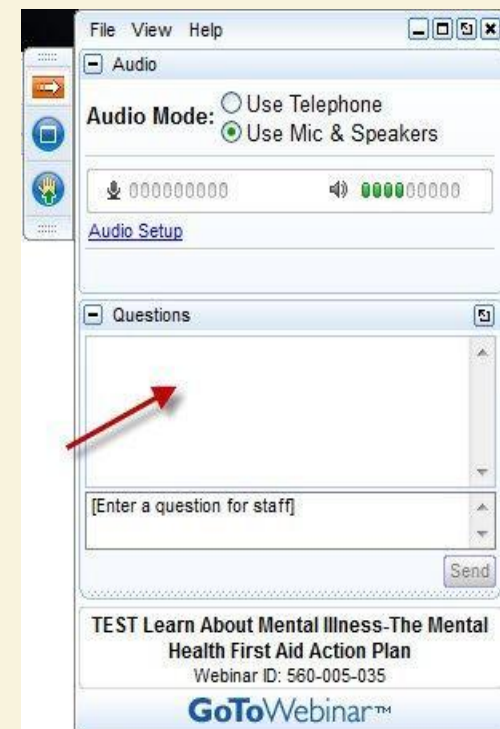


# How to ask a question during the webinar



If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**



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