



# GHAPP

Gastroenterology & Hepatology  
Advanced Practice Providers

**2020 Third Annual National Conference**

**November 19-21, 2020**

Red Rock Hotel – Las Vegas, NV



**GHAPP**

Gastroenterology & Hepatology  
Advanced Practice Providers

# Motivational Interviewing in Medicine

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# Objectives

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- Discuss the general principles of Motivational Interviewing
- Identify communication skills used in Motivational Interviewing
- Identify opportunities for the use of Motivational Interviewing in the GI/Liver Clinic Visit

# Motivational Interviewing



Motivational Interviewing (MI) is a technique for **increasing motivation** to change and has proven to be particularly effective with people that may be unwilling or unable to change.



Motivational interviewing accepts that ambivalence about change is a normal human experience and often a necessary step in the process of change.



Motivational interviewing rests on the assumption that people are ambivalent about change versus weak or resistant to doing so. It's an optimistic approach to change aimed at resolving this ambivalence through eliciting and reinforcing change talk.

# Motivational Interviewing

**"We think we listen, but very rarely do**



**we listen with  
real understanding,  
true empathy.**

**Yet listening,  
of this very  
special kind, is  
one of the most  
potent forces  
for change  
that I know."**

**Carl Rogers**

Join the Empathy Movement  
[CultureOfEmpathy.com](http://CultureOfEmpathy.com)

# Problems With Standard Practice

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- Unwelcome advice elicits resistance
- Advice must match motivation
- Client knowledge of facts is weakly correlated with behavior
- Only 5% to 10% of the variance in change behavior due to knowledge
- Variability in personal motivation



# Change Is HARD!

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Ambivalence – Wanting and not wanting change at the same time.

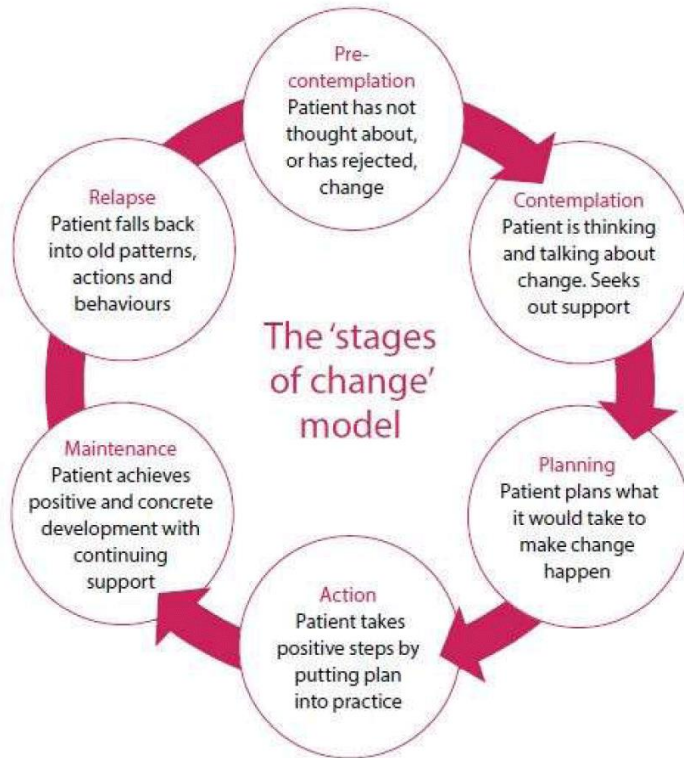


Procrastination – often seen by the HCP as resistance.

# Why Patients Fail to Change

- Avoid accepting challenges as they fear failure
- Firmly believe that they are not capable of performing complicated tasks
- Focus on failures and adversities as personal shortcomings
- Are less confident about themselves
- Lack a sense of commitment to their works
- Have a hard time recovering from setbacks and under-achievements
- Quickly lose interest in activities and works they were a part of
- Expect results without putting in an effort
- Highly susceptible to depression and anxiety about facing failures
- Focus more on their weaknesses and less on their strengths

# Understanding Change



- Pre-contemplation
- Contemplation
- Planning
- Action
- Maintenance
- Relapse

The curious paradox is that when I accept myself just as I am, then I can change.  
Carl Rogers

# DARN CAT Exercise / Change Talk

This Darn Cat?



**NO! This Darn Cat**

- D – Desire: Why do you want to make this change?
- A – Ability: How could you do it?
- R – Reasons: What are good reasons to make the change?
- N – Need: How important is it and why?
- C – Commitment: What do you intend to do about it?
- A – Actuation: What are you ready or willing to do?
- T – Taking Steps: What have you already done?

# Basic MI Tools – OARS

**O** - Open ended questions (get the ball rolling)

**A** - Affirmations: comment on strengths, effort, intention (end up being least used – not that they should, they just are)

**R** - Reflective listening (keep it rolling)

**S** - Summaries: pulling together the person's perspectives on change (ending the clinic visit)

# Getting Started



- Get permission to proceed  
“I’d like to spend a few minutes talking about... (your smoking/your medication/your alcohol use), is that ok with you?”



# OARS – Open Ended Questions

## Open ended starters:

“I see from your chart that...”

You are drinking around 4 drinks  
a day

You are smoking ½ pack a day

“How do you think this affects  
your health?”

“What do you make of this...?”

“Tell me about your...”

“What role does alcohol/smoking  
play in your life?”

## Closed ended starters:

Did you?

Will you?

Can you?

Is it?

# Open Ended Questions / Reflections

## Open Ended

- How often do you skip/miss your medications?
- You're not experiencing any side effects are you?
- What questions do you have about your new medicine?
- Should I call you on Monday? How about 9:00 am.?
- You still smoking?
- Are you still smoking because you are too stressed at work to stop?

## Closed Questions

- Do you take your medications?
- Are you having any side effects?
- Can I call you later?
- Are you a smoker?
- Have you stopped smoking?



# Go From Questions to Reflections

- A question demands an answer – whereas, a reflection invites a response
- Use VOICE inflection at end of statement, to turn it into a reflection
- When done well, the ratio is 2 reflections to every question
- You...
- It's as if...
- Sounds like...

# OARS – Affirmation

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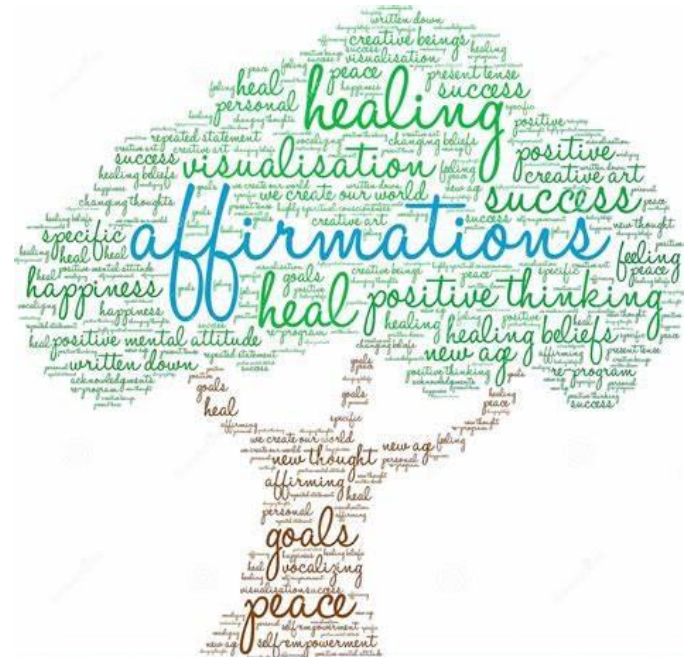
- Patients are often unsuccessful self-changers
- Our role is to instill hope and a belief that the patient can change
  - Empower a “can do” attitude!



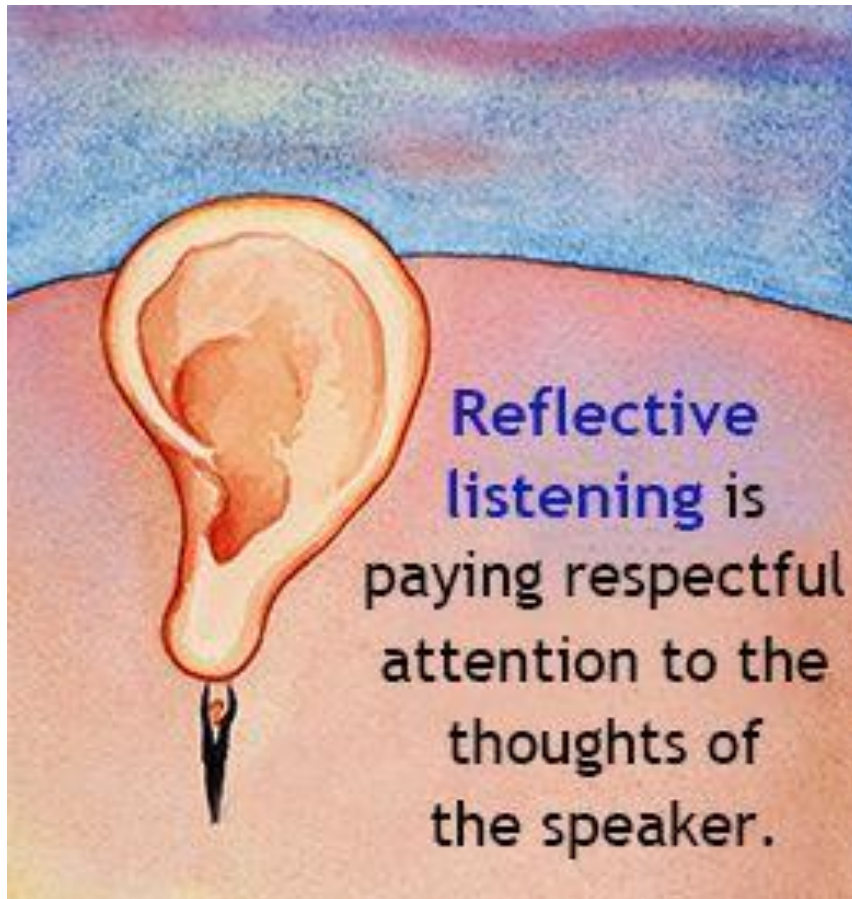
*You  
can  
do it!*

# OARS – Affirmation

- Emphasize a strength
  - You're a strong person, a real survivor
- Notice and appreciate a positive action
  - I appreciate your openness and honesty today
  - I like the way you said that
- Express positive regard and caring
  - I hope this weekend goes well for you!
- Should be genuine
- Differs from praise – not an opinion or judgement



# OARS – Reflective Listening



- Hypothesis testing
  - If I understand you correctly, it sounds like...
- Affirms and validates
- Keeps the client thinking and talking

# OARS – Reflective Listening

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- Universal Safe Reflections
  - It sounds like this has been tough for you...
  - It sounds like you are not happy with...
  - It sounds like you are a bit uncomfortable about...
  - It sounds like you're not ready to...
  - It sounds like you are having a problem with...

# OARS – Summarizing

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- If the patient has ambivalence about the issue summarize both the pros and cons
- So, it sounds like you have several reasons why you want to (quit, start, increase), but on the other hand there are things you like about (smoking) that you aren't sure if you want to give up or things you are worried about experiencing if you stop

# OARS – Summarizing

- Let me see if I understand what you've told me so far...
- Ok, this is what I have heard so far...
- Follow up with

Ok, how did I do?

What have I missed?

Anything you want to correct?

I just need  
the main ideas



# Why You Should Use MI in Your Practice!





# Summary

- Motivational Interviewing (MI) is a technique for **increasing motivation** to change and has proven to be particularly effective with people that may be unwilling, unable, or not fully ready to change. OARS is the key to MI. Although these skills may appear simple, they are not always easy to use.
- Mastery requires considerable practice.
- How might you incorporate this info into your practice to help move your patients in the direction of positive change?

