



**CARDI•OH**

Ohio Cardiovascular Health Collaborative



*In partnership with:*



# Cardi-OH ECHO Reducing the Burden of Hypertension

Thursday, February 20, 2020

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- Adam T. Perzynski, PhD reports being co-founder of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for forthcoming books with Springer publishing and Taylor Francis publishing.
- Brian Bachelder, MD received funds for his role as Physician Advisor at VaxCare.
- SiranM. Koroukian, PhD received grant funds for her role as a subcontractor on a study funded by Celgene.
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# Discussing and promoting lifestyle changes: A motivational interviewing approach



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# Objectives



After attending this brief didactic session, you should be able to accomplish the following:

- 1) Define motivational interviewing.
- 2) Provide a rationale for a motivational interviewing approach to promoting behavior change.
- 3) List and describe a minimum of 3 motivational interviewing techniques.

# Core Principles

- Motivational Interviewing:
  - Is a collaborative conversational style for strengthening a person's own motivation and commitment to change
  - Helps resolve ambivalence about changing behavior, while not evoking resistance (e.g., lack of openness, withdrawing, arguing)
  - Elicits the patient's own motivation for change rather than imposing reasons why change is necessary
  - Is about evoking motivation that is already present, not installing what is missing
  - RCTs support its effectiveness for hypertension self-management

# Rationale

- Patients become ambivalent when other motives conflict with taking action
- Ambivalence is normal and is expressed as a combination of ‘change talk’ and ‘sustain talk’
  - “I know I need to cut down on salt (change) but I’ve been salting my food all my life (sustain)”
- Most people work through ambivalence by being heard rather than being convinced or persuaded that change is necessary
- The process of facilitating behavior change is by guiding rather than directing or giving advice
  - Guiding can reduce stress for the clinician

# Key Elements of MI

- Express empathy through reflective listening
- Elicit the patient's motivation for change
- Support self-efficacy and optimism
- Roll with resistance: Adjust to patient resistance rather than opposing it directly
- Develop discrepancy between patient's current behavior and their goals or values

# Case

- AJ is a 59-year old female with hypertension, dyslipidemia, pre-diabetes, obesity (BMI 33), and osteoarthritis.
- She has come for a routine follow-up visit for hypertension. Readings at her last 3 visits have been around 160/96.
- She reports good adherence to anti-hypertensive medication.
- You are concerned about sodium elevating her blood pressure because she reported high salt intake at a recent visit.





# Opening the Door

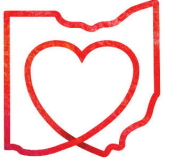


- Step 1: (Express Concern)
  - Provider: Mrs. J, I'm concerned about your salt intake.
- Step 2: (Medicalize the concern)
  - Provider: Too much salt puts you at risk for worsening blood pressure. In turn, high blood pressure increases your risk of heart attacks, strokes, and other health problems. It can affect the heart, kidneys, arteries, and the brain.
- Step 3: (Solicit mutual concern)
  - Provider: Does your salt intake concern you as well?
  - AJ: It does. I didn't realize that salt was that big of a deal. If it makes me more likely to get a stroke, then I'm concerned.
- Step 4: (Collaborate)
  - Provider: Are you okay discussing your salt intake for a few minutes today?
  - AJ: Sure, we can talk about it.

# Evoking Motivation & Change Talk

- Provider: Great. As a starting point, may I ask you a question? (**asking permission**)
- AJ: Sure, go ahead.
- Provider: On a scale from 0 to 10, where 0 means ‘not at all important’ and 10 means ‘the most important thing for me right now’, how important would you say it is for you to reduce your salt intake?” (**scaling question to evoke motivation**)
- AJ: Hmm. I would probably put myself at a 7.

- Provider: And why are you at 7 and not at 0 (or a lower number)?
- AJ: Well, I'm concerned about my blood pressure and I don't want to have a stroke like my neighbor did, she was so active before but she's disabled now. It's really sad. (**change talk**)
- Provider: You're concerned about salt raising your blood pressure because that could lead to a stroke, and a stroke could be disabling. (**reflection**)
- AJ: Yes, I absolutely want to avoid having a stroke. (**change talk**)



- Provider: What else causes you to put yourself at a 7?
- AJ: Well, my family really needs me. I've got two grandkids living with me now, and I'm all they've got. (**change talk**)
- Provider: Being there for your grandkids is a high priority. (**reflection**)
- AJ: Absolutely, they're depending on me. (**change talk**)
- Provider: So, you are concerned about the amount of salt you eat because high blood pressure can lead to a stroke, and because you really need to be there for your grandkids. Is that right? (**summary, links salt to important goals and values**)
- AJ: Yes, that's right. (**change talk**)

- Provider: What would it take to make reducing the amount of salt you eat just a little bit of a higher priority for you, say to go from 7 to 8? (**eliciting next steps**)
- AJ: I tried cutting salt out years ago and got nowhere. I went cold turkey and it was like eating cardboard. I've heard about other foods like lemon that you can use to add flavor to food, but I don't know much about them.

If I started to use some of those things, then I would begin to believe I could cut out most or even all of my extra salt. Then it would become a higher priority. (**change talk**)

- Provider: Finding ways to add good flavors to your food will help you believe that you can do it.  
**(reflective statement, supporting self-efficacy)**

Is that something you would like to work on together?  
**(collaboration)**

- AJ: Yes. How can I find out more about that?

# Resistance

- Step 3 from ‘Opening the Door’: (Solicit mutual concern)
  - Provider: Is this something that concerns you as well?
  - AJ: *No, not really. My blood pressure is high because of stress. Salt is not the problem.*
- Step 4 from ‘Opening the Door’: (Collaborate)
  - Provider: Is this something you would be interested in working on together?
  - AJ: *Look, I came in today just to get my prescriptions renewed.*

# Rolling with Resistance

- Resistance is a normal, expected product of the interaction
- Signs: distractions, defensiveness, interruptions
- Attempts at persuasion usually only increase resistance and decrease the likelihood of change
- We have to override our ‘righting reflex’; pushing usually leads to the patient pushing back or withdrawing
- Encountering resistance is a sign to shift your approach



# Options for Addressing Resistance



- Simply and directly reflect the resistant statement: *You don't see a need to talk about how salt could be affecting your blood pressure because stress is the bigger problem.*
- Reflect the tone of what you are hearing: *You're not ready right now to talk about how salt might be affecting your blood pressure.*
- Support choice/control: *It's up to you, of course.*
- Acknowledge the resistance process: *We seem to be arguing. I've gotten us off track here.*
- You can do these sequentially: *You would rather not talk about reducing your salt intake today. It's up to you, of course.*

# Re-Cap

- Open the door
- If the patient is not receptive, roll with the resistance
- If patient is receptive, request permission to ask a question
- Ask a scaling question (0-10) to assess importance
- Listen and reflect the patient's response
- Ask about increasing importance by one point on the scale
- Listen and reflect the patient's response
- Inquire if the resulting task or opportunity for collaboration is something that the patient would like to pursue

# Resources



- Motivational Interviewing links and resources:

## **Books:**

Miller WR, Rollnick S. (2013). Motivational Interviewing: Helping People Change, Third Edition. New York: The Guilford Press.

Rollnick S, Miller WR, Butler CC. (2008). Motivational Interviewing in Health Care: Helping Patients Change. New York: The Guilford Press.

## **Learning resources and tools:**

<https://motivationalinterviewing.org/motivational-interviewing-resources>

<https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing#resources>

<https://health.mo.gov/living/healthcondiseases/chronic/wisewoman/pdf/MIRollingwithResistance.pdf>

Thank you!

Questions/Discussion