

# **When Time is Short: Using Motivational Interviewing to Improve Adherence and Outcomes**

**Bruce A. Berger, PhD**

President, Berger Consulting, LLC and  
Professor Emeritus, Auburn University

**[bbergerconsulting@gmail.com](mailto:bbergerconsulting@gmail.com)  
[www.mihcp.com](http://www.mihcp.com)**

# Learning Objectives

At the completion of this session, pharmacists will be able to:

- ❖ Briefly describe motivational interviewing.
- ❖ Apply motivational interviewing skills for improving adherence.
- ❖ Distinguish between the appropriateness of several motivational interviewing skills.

# BACKGROUND



- Nonadherence is now a multibillion-dollar problem\*
- The rate of nonadherence to medication regimens has not changed in 40 years
- How we talk to patients has not changed substantially in 40 years
  - *Listened to hundreds of hours of recorded conversations between patients and health care professionals*
- MI was developed to address patient *ambivalence* and *resistance* about behavior change (e.g., taking a med, losing weight, quitting smoking, illicit drugs)
- MI is a patient-centered form of counseling that helps patients to reason their way to the conclusion that they need to change their behaviors in order to achieve their goals. MI is NOT about motivating or persuading people to change.

\*<https://www.ncbi.nlm.nih.gov/pubmed/29577766>

# BACKGROUND

- MI does two important things:
  - Accurately and nonjudgmentally reflects and explores the concerns and emotions of the patient through specific skills
  - Provides insight or new information to address those concerns in a nonjudgmental and nonthreatening manner (the spirit of MI)
- If MI could assist people struggling with addiction, couldn't it help with managing diabetes and other chronic illnesses?

# WHAT WE KNOW

- People are sense makers – we make sense out of everything
- Patients make sense out of:
  - Their illnesses
  - The treatment of those illnesses
  - The relationship with the HC
- When people are ambivalent or resistant to change, their sense making often:
  - Results from information that is incomplete; or
  - Contains errors or inaccurate information
- A sense  Conclusion  Decision about behavior
- Motivation for change requires:
  - Importance
  - Confidence

# KEY QUESTIONS

1. What does having condition\* mean to you?
2. How important is it to you to manage your condition\* ?
3. What would make taking the medicine\* more important to you?
4. What's your understanding of the purpose of this medicine\* ?
5. What gets in the way of you taking the medicine\* ?
6. What would have to change for you to decide to take the medicine\* ?

*\*can be used for quitting smoking or losing weight etc.*

A background image of a calm lake with misty mountains in the distance. The water is still, reflecting the light. The mountains are partially obscured by a soft, white fog. The overall color palette is light blues and greys.

# **CASE EXAMPLES**

# Hypertension

*“I don’t know why I need this medicine. I feel fine.”*

- **Sense:** I feel fine
- **Conclusion:** I am fine
- **Decision about behavior:** I don’t need medication
- **Missing/incorrect information:** You can feel fine and still be at risk
- **Skill:** “You’re wondering” when patient is saying, “I don’t get it.”



# Diabetes – newly diagnosed

*“The doctor said I have sugar, but I feel ok, so I don’t see the point in doing anything right now. I might do something if I start feeling bad. So, please keep this prescription on file.”*

- **Sense:** I feel ok right now
- **Conclusion:** This is not serious yet
- **Decision about behavior:** I’ll do something when I start to feel bad.
- **Missing /incorrect information:** risk of serious problems even though she feels fine now.
- **Temptation:** To correct the patient. *Start by reflecting and asking permission.*
- **Skill:** Use of an analogy – pancakes and syrup

# Nonadherence

Patient taking chronic medicine about 4 days a week.

*“I know, I know. I’ll take it every day. I promise.”*

- **Sense:** We don’t know yet
- **Temptation:** Telling the patient what to do – we learn nothing
- **Positive psychology\*:** *“I noticed that you’re taking your blood pressure medicine 4 days a week. That’s a great start to controlling your blood pressure. What’s made it important to you to take it on those four days?”*

*\*M. Seligman*

# Vaccination

*“I’m not taking that COVID vaccine. It can give you COVID!”*

- **Sense:**
- **Conclusion:**
- **Decision about behavior:**
- **What is missing (or incorrect)?:**
- **Temptation/ immediate correction:**
- **Skills:** *Reflection and understanding first. Then asking permission to “share some thoughts”.*

# SUMMARY

- Everything starts with nailing down the sense making
- You really cannot know what skill to use or information to provide if you don't clarify the sense making
- Honoring the patient's perspective and getting erroneous beliefs or information corrected without causing face loss is critical.

# REFERENCES

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A serene landscape featuring a calm lake that perfectly reflects the surrounding green mountains and a bright sun in the sky. The scene is peaceful and natural, with the water acting as a mirror for the landscape above.

# Q and A