



# **Barriers Implementing MI in Practice**

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# Objective

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Problem-solving potential challenges of applying motivational interviewing to engage patients and promote behavioral change.

# Looking Through a New Lens

<b>Standard Approach</b>	<b>Self-Management Support Approach</b>
<ul style="list-style-type: none"><li>• Focused on fixing the problem</li></ul>	<ul style="list-style-type: none"><li>• Focused on the patient's concerns and perspectives</li></ul>
<ul style="list-style-type: none"><li>• Paternalistic relationship</li></ul>	<ul style="list-style-type: none"><li>• Egalitarian partnership</li></ul>
<ul style="list-style-type: none"><li>• Confront, warn, persuade</li></ul>	<ul style="list-style-type: none"><li>• Emphasizes personal choice</li></ul>
<ul style="list-style-type: none"><li>• Ambivalence means that the patient is in denial</li></ul>	<ul style="list-style-type: none"><li>• Ambivalence is a normal part of the change process</li></ul>
<ul style="list-style-type: none"><li>• Goals are prescribed</li></ul>	<ul style="list-style-type: none"><li>• Goals are collectively developed</li></ul>

# Case Study

The patient is a 16-year-old with asthma. She does not want to take her long acting and ICS inhalers because she doesn't want her friends to think she is sick. She doesn't carry them, or her rescue inhaler on a routine basis.

Her visit today is related to an ER follow-up. She is tearful and frustrated since this was her 3<sup>rd</sup> ER visit.

- Immunizations are up to date. Well child visits are up to date.
- Non-smoker, non-vaper. No smokers in the house.
- Patient is a soccer player.
- Meds: Advair 2 inhalations BID; albuterol prn

Mom is frustrated and does not know what to do. She throws her hands into the air!





## Discussion

**You are very busy and get called in to meet with the patient and their mom by the provider who is asking for your recommendations.**

- Let's talk about potential barriers– what are your concerns? what do you anticipate?

# Common Challenges to Implementing MI

- It takes too much time.....
  - There is already a lot to cover in the visit
- MI is too complicated
- I'm not confident in how to use it– it doesn't come naturally
- This doesn't apply to my patient population–
  - I don't take care of adults....
- My patients are too different than me...
- My patients don't know the right things to do... We are the experts
- I see patient's virtually..



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“This MI stuff  
takes too  
much time.”





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“I already have too much to cover during appointments.”





“I work with patients virtually, sometimes meeting them only over the phone, so I cannot use MI.”



## Discussion

**What are some solutions that you would incorporate?**

# Potential Solution:

Remember:

Patients can be influenced by MI in a matter of minutes!

As Dr. Bill Miller would say, “you don’t have time NOT to use MI!”

Evidence to suggest MI could help in a single session:



# Potential Solutions:

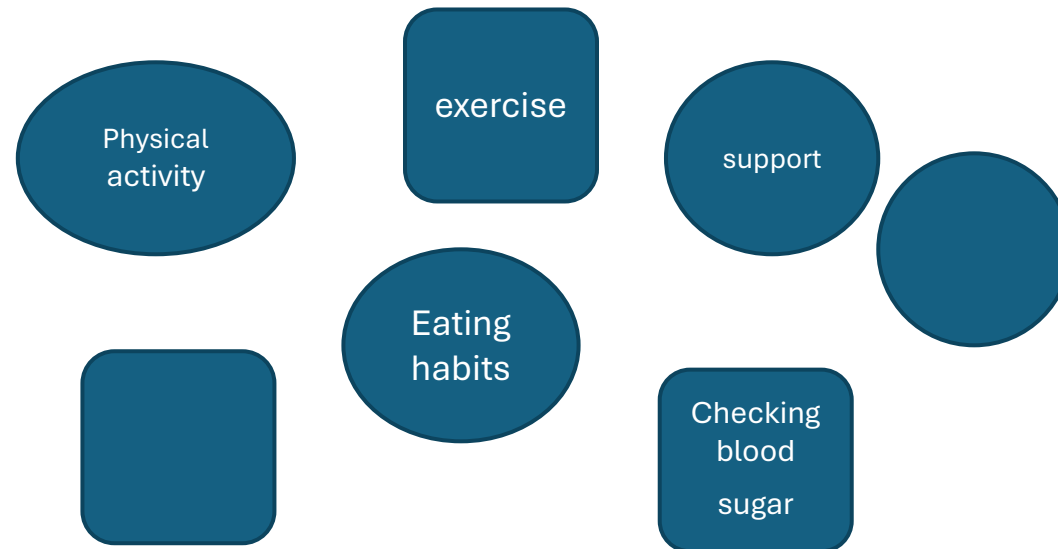
## Use visual and verbal path choosing

- In person - bubble sheet of topics to review together, including a “choose your own adventure” bubble that is blank
- On computer – show a virtual version of the above with screenshare

## Use verbal path choosing (especially if on the phone)

# Bubble Sheet for Agenda Mapping

What would you like to focus on?



# Choosing a Path/Boundary Setting

- ❖ A way to inform the patient about the available time for a session
- ❖ A way to integrate “required” components in addition to patient concerns
- ❖ A way to find a focus for the session when the topic is broad

“We have 15 minutes to talk today, and there are some things that Dr. Jones would really like us to discuss. Would you mind if we focused on her agenda for the first 5 minutes so that we can spend the last 10 minutes on yours?”

# Setting the tone, the MI way:

*“My name is \_\_\_\_\_, and I am here/calling today because the doctor suggested we speak...”*

**Is now an OK time to chat?**

**Even though the doctor suggested we speak today, I am most interested in discussing your concerns...**

**What would you like to discuss today?**

**I know you don't feel well today...**

**How can I make this conversation as easy as possible?**

**What can I do to be the most helpful to you as we chat?**

**What do you hope to take away from our discussion today?**

**What lifestyle-related topics would YOU like to discuss today?**

# Cold Calling

# Setting the tone, the MI way:

## Prescheduled

*“My name is \_\_\_\_\_, and my goal as your **Care Manager** is to do whatever I can to help you...”*

**What brings you in to my  
(virtual) office today?**

**Even though the doctor suggested we speak  
today, I am most interested in your  
concerns...**

**What would you like to discuss today?**

**What's on your agenda for  
our meeting today?**

**What do you hope to take away  
from today's discussion?**

**What can I do to be the  
most helpful to you?**



“I am the health expert.

I know what they should change and how they should change it!

It is my **job** to make them change.”





“I’ve been a healthcare professional for years, and I’ve always done things the same way without a problem.”



## Discussion

**What are some solutions that you would incorporate?**

# Potential Solutions:

- ❑ Patients are the experts in themselves
- ❑ Be curious and explore their thoughts *FIRST*
- ❑ Manage common provider traps:
  - Expert Trap –  
*“I have all the answers”*
  - Persuasion Trap  
*“I am here to convince you/direct you.”*
  - Time Trap  
*“We need to set a goal, so I need to hurry up to get to that.”*
  - Wandering Trap  
*“I will listen and follow you wherever, even if it does not relate at all.”*

# Potential Solutions:

- ❑ Take steps to stop flexing your “fix it” muscle since this will only make it stronger

Patient with A1c of 12%, prescribed insulin:

“I am so busy making lunch for my kids that I don’t have time to make it for myself! I usually wait until dinner.”

Care manager:

**BREATHE**

“That sounds difficult! I am curious, what would it take for you to make lunch for yourself AND your kids if you decided to make that your focus?”

“MI with someone is like entering their home. One should enter with respect, interest and kindness, affirm what is good, and refrain from providing unsolicited advice (like rearranging their furniture).”

- An Alaskan elder reflecting on an MI workshop with Steve Berg-Smith

There is strong evidence that MI enhances healthcare conversations... that doesn't make it any easier to adopt!

This helps us understand our patients better than ever  
– change is hard, even if ultimately it is positive

# Potential Solutions:

- Explore your own motivations to change the way you practice
- Set a SMART goal as driven by that motivation

“I will ask at least 2 open questions during initial assessments by spending time outside of patient care transforming my favorite closed questions in to open questions so that I can remember to ask them when speaking to patients.”



“I don’t work with adults, so these strategies do not apply to me.”





## Discussion

**What are some solutions that you would incorporate?**

# Potential Solutions:

Explain your role using age/stage appropriate language

- Spirit of non-judgment, acceptance, patient and family centered

Involve the child when appropriate

- Use PE strategies with parents, always

Start small, using curiosity

“How could you eat more vegetables if you wanted to do that?”

AFFIRM strengths (kid-friendly options  ex. kind, brave, creative)

Separate adolescent from parent for some of session

- Adolescents are actively constructing their identity, and it is when they are asserting greater independence from parents



## Discussion

**What are some solutions that you would incorporate?**



“I don’t think this approach will work with certain people, especially those who are very different than me.”



## Discussion

**What are some solutions that you would incorporate?**

# Potential Solutions:

- ❑ MI can help promote better management of Social Determinants of Health
- ❑ MI has been shown to help trauma survivors, and can even improve medication adherence in individuals with psychotic disorders
- ❑ Emerging evidence is showing that Tailored Motivational Interviewing is helpful specifically for LGBTQIA+ and Black, Indigenous, People of Color (BIPOC) populations
  - Emphasize autonomy by reinforcing and promoting personal choice consistently/throughout each interaction
  - Clarify your role as a guide
  - Use the word “YOU” more often than “WE” or “I” while talking
  - Steer clear of “must” or “should” statements
- ❑ MI has been validated in many cultures, including collectivist cultures

“This won’t  
work with my  
non-compliant  
patients.”





# The “non-compliant patient”!

- Discuss the complicated/complex patient that is resistant to change.



# Let's Watch.....



Masterful video showing use of MI in conversation with someone labeled as "difficult"





## Discussion

**What are some solutions that you would incorporate?**

# Common Traps

- Expert Trap
- Question- Answer Trap
- Confrontation- Denial Trap
- Persuasion Trap
- Time trap
- Wandering Trap

***Self-Reflection is Important Here!***

# Potential Solutions:

- ❑ Point out in advance any potential missteps related to your conversation (phone especially)

Care manager:

“I apologize if I accidentally speak over you. That is not my intention... it is because I cannot see your *thinking face*.”

- ❑ Listen for non-verbal cues like sighing (and explore)

Care manager:

“I heard you sigh deeply a few times, and I just want to check in to make sure our conversation is going alright on your end.”

# Potential Solutions:

- ❑ Be compassionate with yourself
  - Accepting the unacceptable may sometimes feel impossible (i.e. this person is not ready to change despite seemingly imminent danger)
- ❑ Breathe in patience, breathe out judgmental attitudes and assumptions

Masterful video showing use of MI in conversation with someone labeled as "difficult"



# Potential Solutions:

- ❑ Consider if the patient is ready for the change?
  - Accepting they are not ready
- ❑ Breathe in patience, breathe out judgmental attitudes and assumptions

Masterful video showing use of MI in conversation with someone labeled as "difficult"



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“MI is too complicated.”







## **Discussion**

**What are your goals to strengthen your use of MI in practice?  
What are your concerns?**

# Potential Solutions:

- ❑ When in doubt, be compassionately curious!
- ❑ Start small
- ❑ Find a well-practiced mentor for support
- ❑ Keep learning, continue training and practicing
  - MINT website
  - MICMT webinars
  - MICMT PE Coaching
  - Form a group with other like-minded people looking to improve, aiming to meet on a consistent basis



# Summary

There is strong evidence that MI enhances healthcare conversations... that doesn't make it any easier to adopt!

This helps us understand our patients better than ever  
– change is hard, even if ultimately it is positive