Helping People without Losing our Mind

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MCT2D
MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

No disclosures

Goals

1. Understanding motivation and why we struggle
2. Identifying and helping patient who are ambivalent or not ready to change
3. Demonstrating motivational interviewing microskills
4. Helping you as a healthcare professional feel better about your relationship with patients who are not going to change

Case 1: LA

-49M T2DM, ESRD, BMI > 40, with history of failed kidney transplant
-A1c: 10.5 to 14.0 – fluctuating over the last 2 years
-Vertebral Fx in 2/2023 – severe lower back pain
-Works as a janitor, lives with wife, and has 3 children (adolescent and adults)
-Overwhelmed by medical burden
    -dialysis 3x/week
    -can't keep medications straight
    -pain is intolerable
-Diabetes gets kicked down the road
*This is one of my major goals – quality metrics, and I am an MCT2D content expert!
We have tried- but he comes back with an excuse

How does this make you feel?

Directive Style of Counseling and Discord

Discord: an interpersonal relationship between a counselor and a patient that signals **dissonance** and decreases likelihood of behavior change.

Responsive to changes in counseling style.

Directive style

- They need the truth
- They need a reality check
- I've got to set them straight

Discord traps

- Question – answer volleys
- I'm the expert
- Labeling (noncompliant)
- Scare tactics
- Information overload
- Getting ahead of your patient (premature action planning -- not staying attuned to patient autonomy and readiness)

Causes of discord:

- Dread
- Depletion
- Fear

Communication Styles

Following	Guiding	Directing
Empathy without guidance		*Instructions without empathy*

Motivational Interviewing – What is It?

“MI is a particular way of having a conversation about change so that it is the client rather than the clinician who voices the arguments for change.”

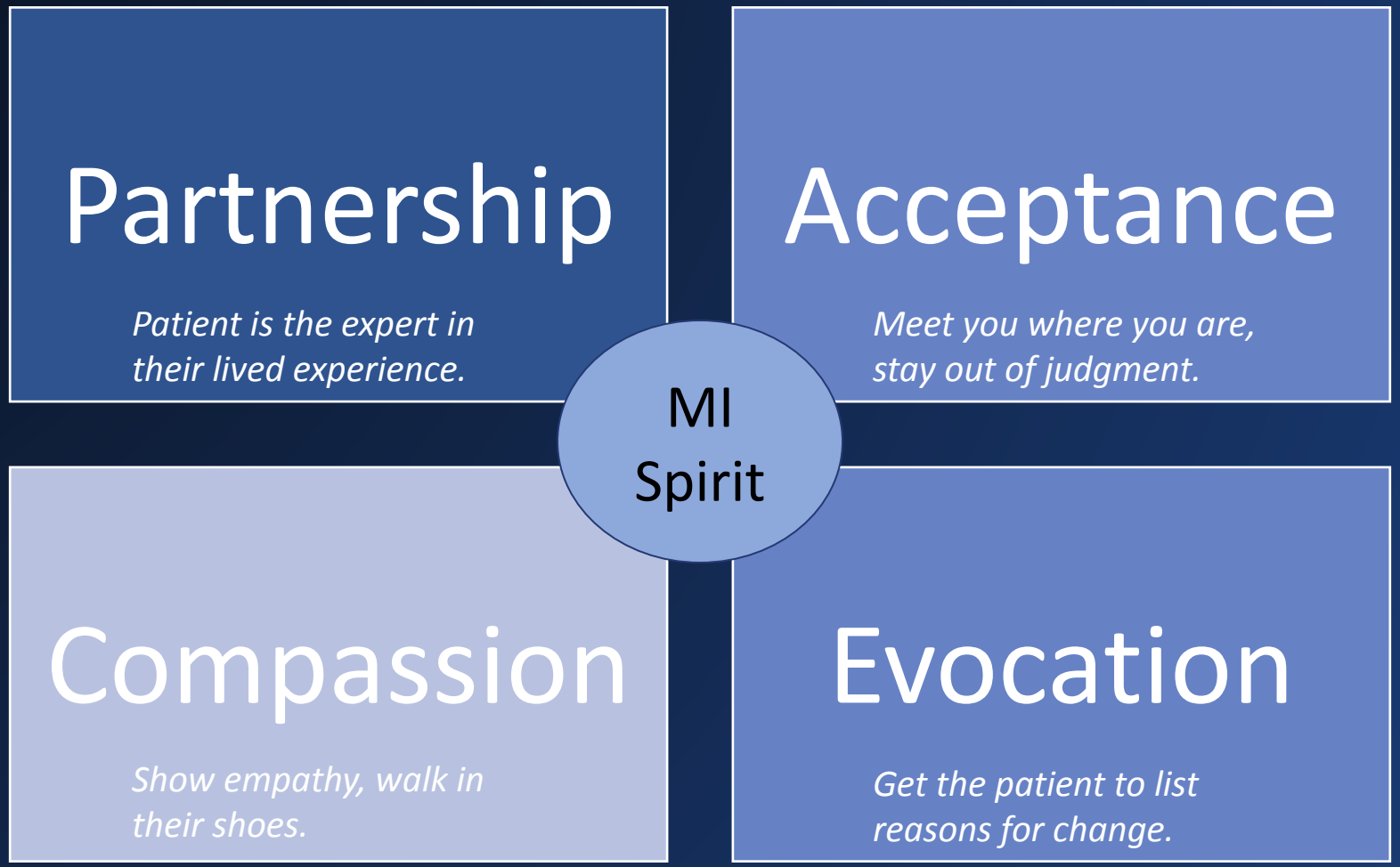
-Miller and Rollnick (2013)

Why is Motivational Interviewing Difficult?

The Righting Reflex

The desire to fix what seems wrong with people and to set them promptly on a better course, relying on **directing**.

Spirit of Motivational Interviewing



Style and Motivational Interviewing

- Empathic
- Compassionate
- Collaborative
- Accepting
- Warm and friendly
- Respectful
- Positive

- Nonjudgmental
- Eliciting
- Honoring of autonomy

Paradox of change: when a person feels accepted, they are open to consider change rather than guarding and defending against it.

Resnicow et al (Pediatrics, 2015)

- **BACKGROUND AND OBJECTIVE**: Few studies have tested the impact of motivational interviewing (MI) delivered by primary care providers on pediatric obesity. This study tested the efficacy of MI delivered by providers and registered dietitians (RDs) to parents of overweight children aged 2 through 8.

- **METHODS**: Forty-two practices from the Pediatric Research in Office Settings Network of the American Academy of Pediatrics were randomly assigned to 1 of 3 groups. Group 1 (usual care) measured BMI percentile at baseline and 1- and 2-year follow-up. Group 2 (provider only) delivered 4 MI counseling sessions to parents of the index child over 2 years. Group 3 (provider + RD) delivered 4 provider MI sessions plus 6 MI sessions from a RD. The primary outcome was child BMI percentile at 2-year follow up.

- **RESULTS**: At 2-year follow-up, the adjusted BMI percentile was 90.3, 88.1, and 87.1 for groups 1, 2, and 3, respectively. The group 3 mean was significantly (P = .02) lower than group 1. Mean changes from baseline in BMI percentile were 1.8, 3.8, and 4.9 across groups 1, 2, and 3.

- **CONCLUSIONS**: MI delivered by providers and RDs (group 3) resulted in statistically significant reductions in BMI percentile. Research is needed to determine the clinical significance and persistence of the BMI effects observed. How the intervention can be brought to scale (in particular, how to train physicians to use MI effectively and how best to train RDs and integrate them into primary care settings) also merits future research.

LA – case resolution

- What did I do differently?
- Focusing on the how to change instead of the why to change

Readiness Ruler

https://www.centerforebp.case.edu/resources/tools/readiness-ruler

Readiness Ruler: Importance

Doctor: On a scale of 0 to 10, with 10 being very important, how important is it for you to change your insulin use?

LA: I'm a 3, I guess.

Wow! A 3! Why did you pick 3 and not 1?

I know my blood sugars are important, Doc. But there was this one time I went really at over night, and that really scared me. I don't want that to happen again.

What do you think it would take to take you to a 3 to a 5?

Knowing that the low blood sugar wouldn't happen again.

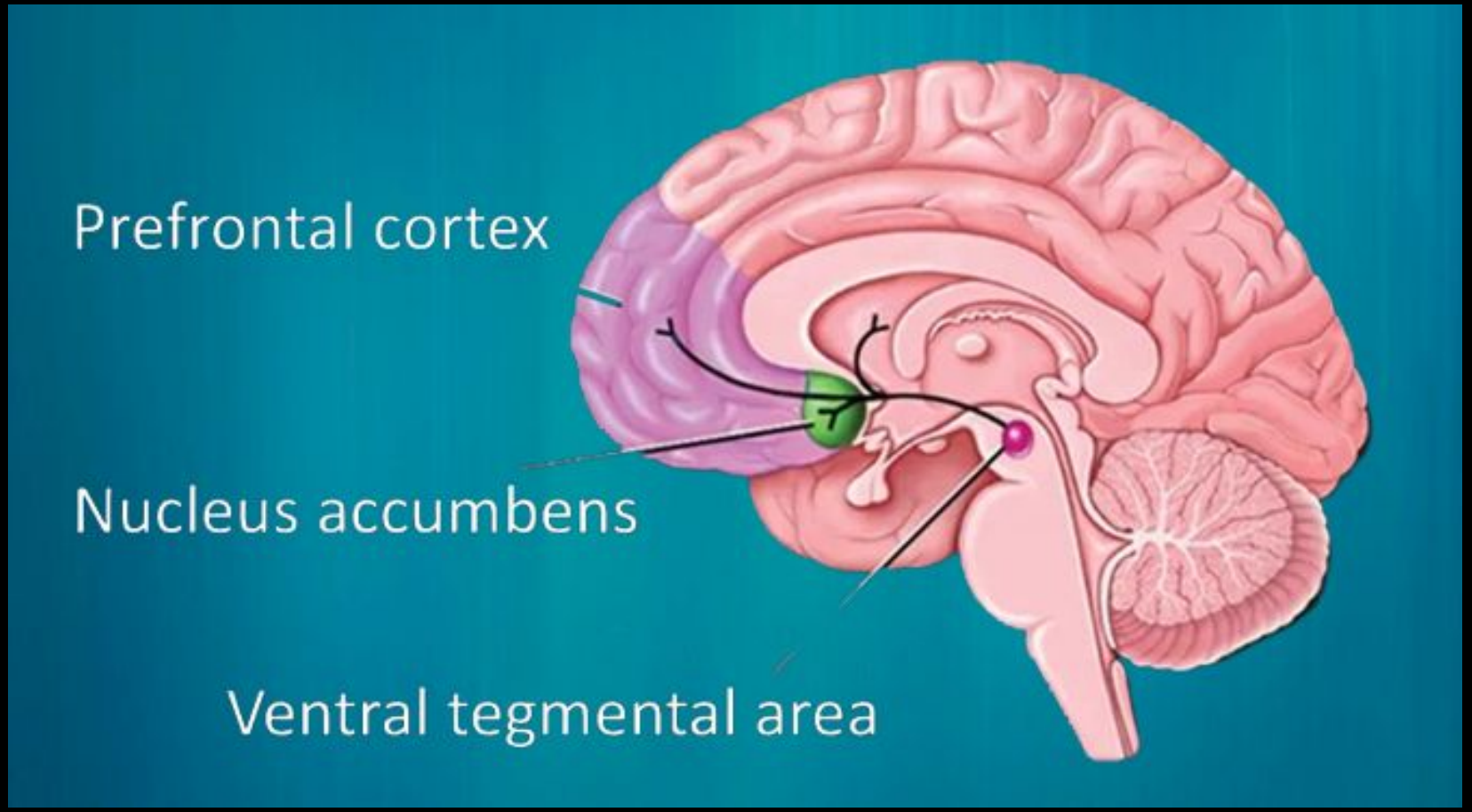
Why DON’T people change behavior?

- They don’t think it is important
- They don’t think they can
- They aren’t ready for it
- Their values don’t support it
- They don’t have a good plan
- They lack adequate social support
- They haven’t worked through their ambivalence about it

Case 2 – 43M

- Clerk, obesity, MAFLD, newly diagnosed diabetes (a1c 7.5%), ex-smoker
- “I don’t know why I am here”
- 24 hr diet recall
  - I get whatever is available at the hospital – which is pizza delivery or I’ll eat a burger and fries. Then I go home and sleep. I drink 16 oz bottles of mountain dew – 4 a night.
  - Why? The caffeine.
  - “There is no part of this that will go well – if you keep drinking 4 mountain dews!”
  - “Mountain dew is the only thing that keeps me up over night”
  - “I already got rid of one vice, I am not going to get rid of another one”

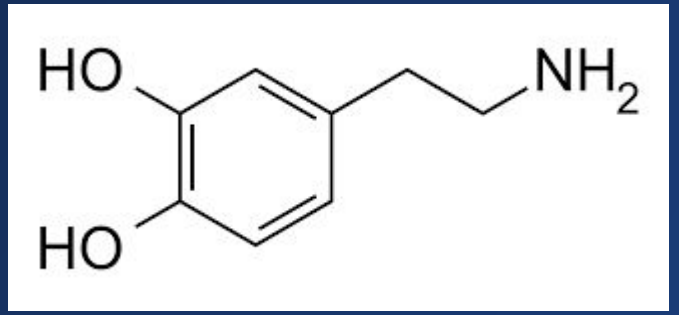
Neurochemistry

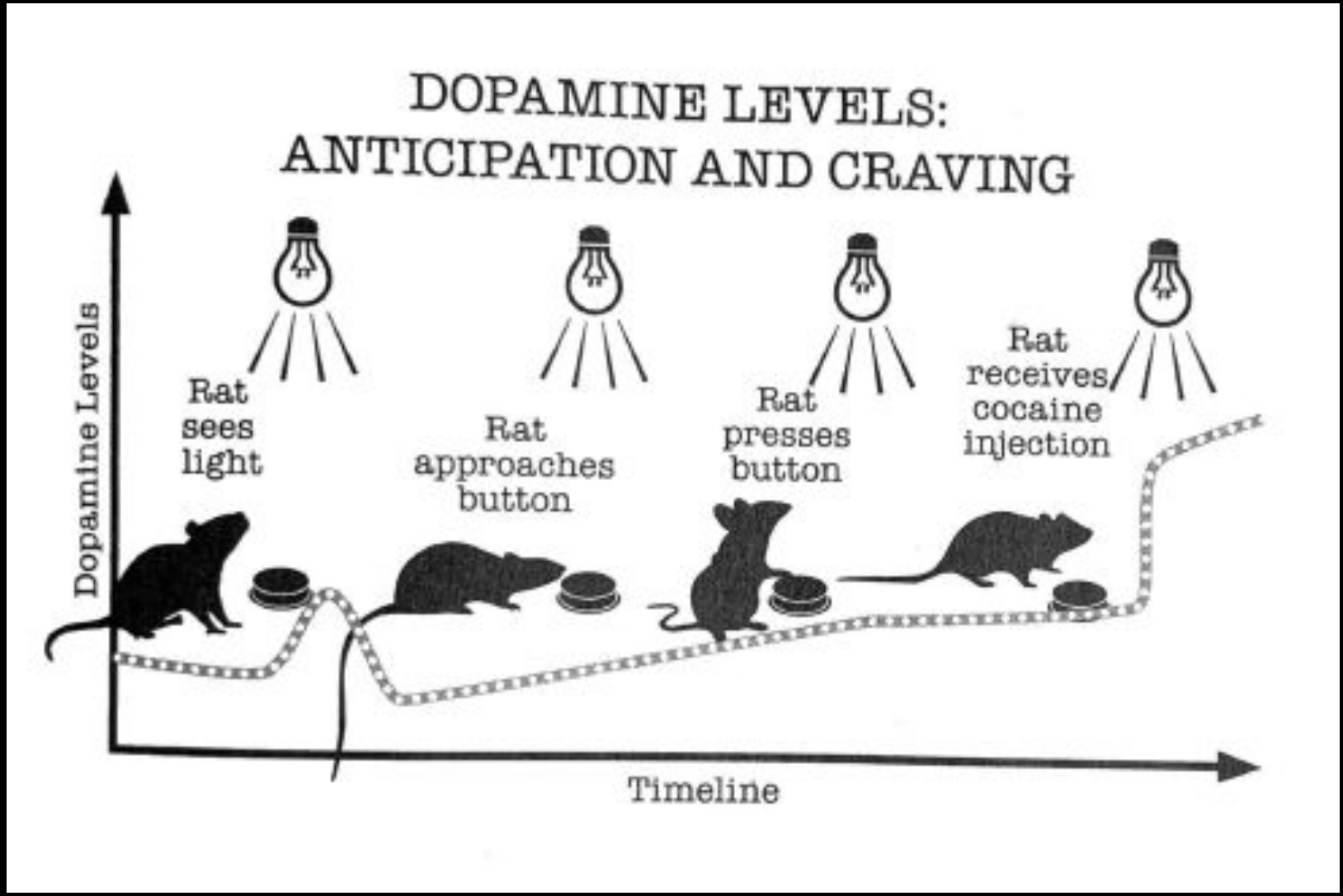


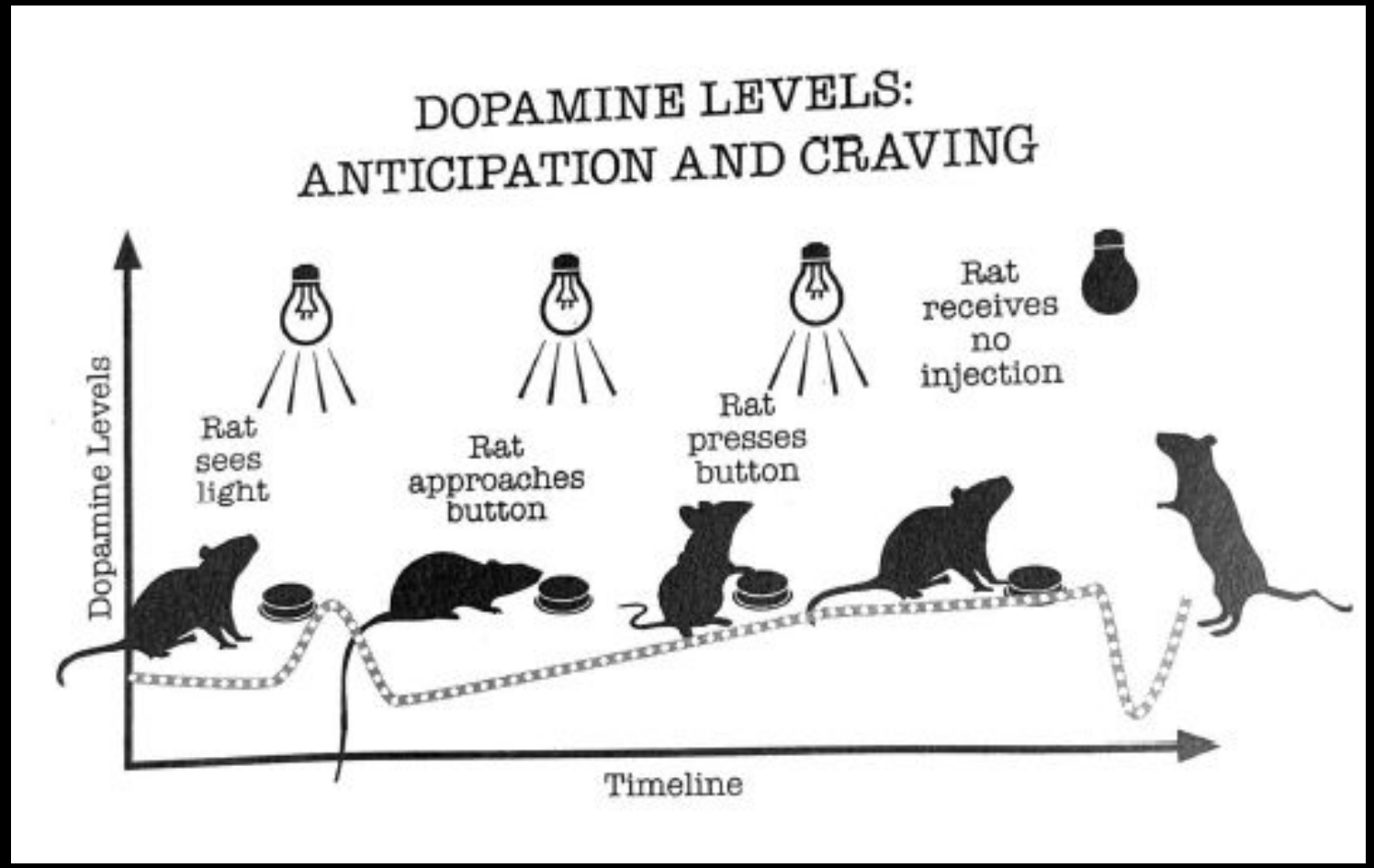
What is Dopamine?

- Neurotransmitter involved in reward processing – specifically with motivation to get the reward (not the pleasure itself)
  - Wanting more than liking

- Dopamine encourages us to act either to achieve something good or to avoid something bad




DOPAMINE LEVELS:
ANTICIPATION AND CRAVING
Dopamine Levels
Rat sees light
Rat approaches button
Rat presses button
Rat receives cocaine injection
Timeline

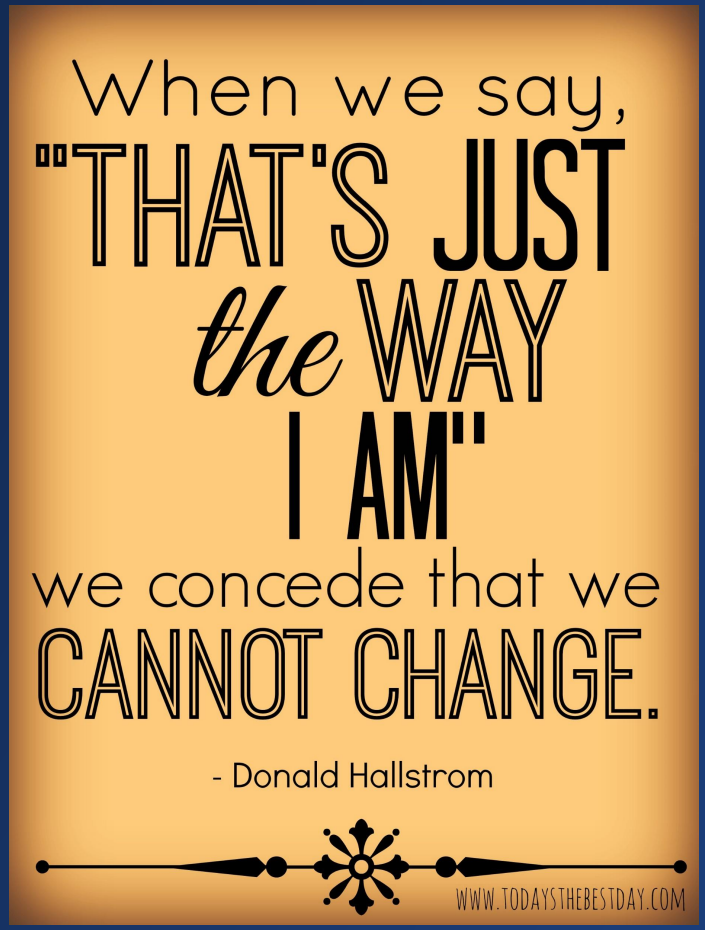

DOPAMINE LEVELS:
ANTICIPATION AND CRAVING
Dopamine Levels
Rat sees light
Rat approaches button
Rat presses button
Rat receives no injection
Timeline

Leveraging Dopamine

1. Make effort the reward
2. “Procrastination Process” - Wait until motivation comes back
    1. Engage in activities that aren’t pleasurable (mild addiction replacement) – some sense of accomplishment.
    2. Using anxiety to help complete task.
        - Growth mindset
        - “Can’t do it yet”
        - “Journey is the reward”

How Does This Apply To Our Patients?

1. When we understand what is happening, we can start to make changes.
2. “I can’t do anything about it, this is just who I am”



Reflective Listening

- On the one hand caffeine and sugar is keeping you up all night and you are really worried about giving it away
- This helped you give up smoking. And you are worried if you give up mountain dew you will start smoking
- On the other hand you are really worried about your liver disease, and we just talked about how toxic sugar is for your liver and how important it is to make big changes for your health and your liver.

Giving advice is easy as EPE

ELICIT PROVIDE ELICIT

E: What do you already know about risks of sugar in mountain due?

P: May I tell you about some of the medical information about sugar and insulin that I think is important to know?

E: What do you think about that information?

E: What questions, if any, do you have about some of the negatives of these drinks have on your health

P: Could I share some information that other patients found helpful?

E: How might you work that information into your decision?

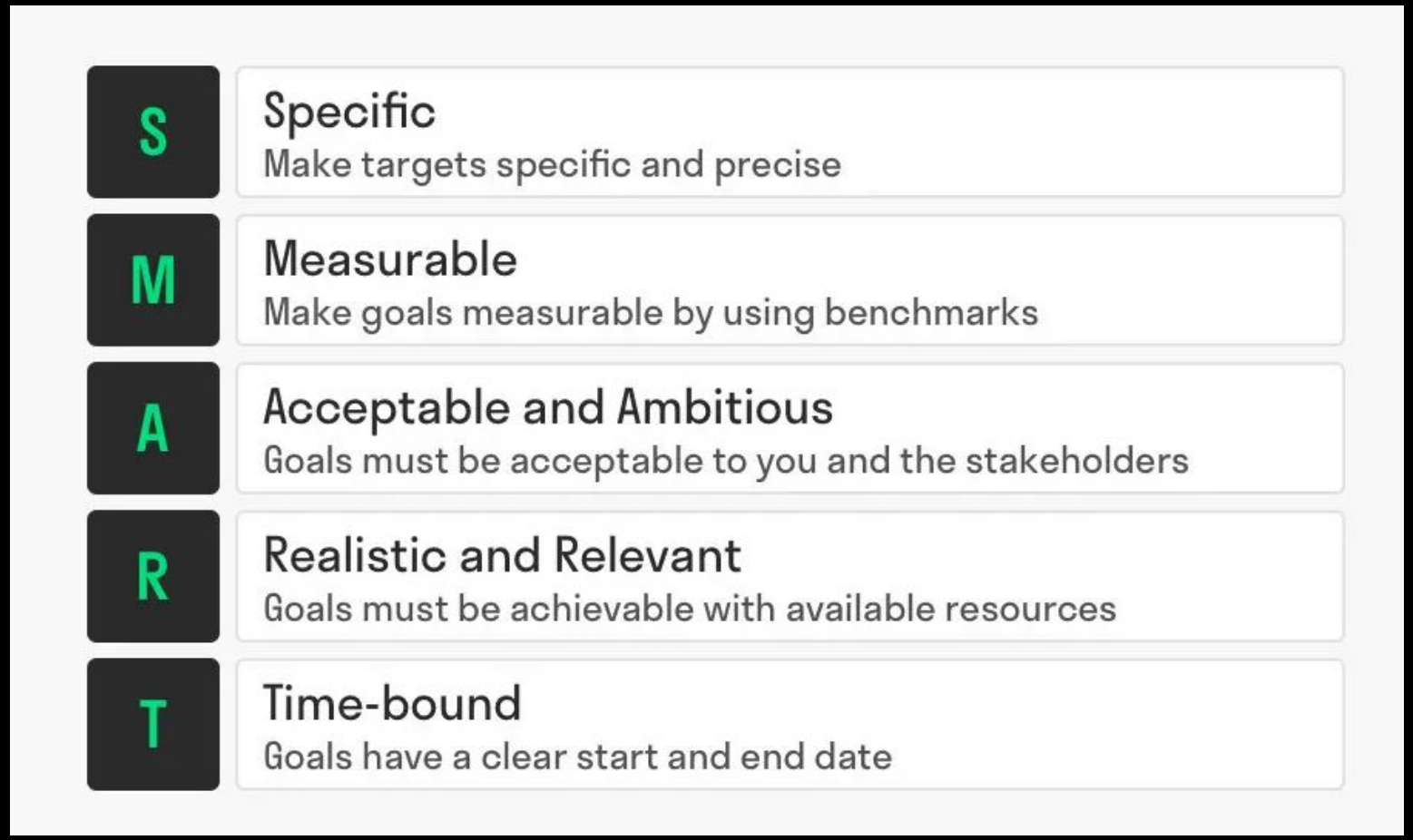
The Magic Wand Questions!

- What will happen if you don’t do anything?
- Magic wand: you are better in 6 months – what did you change?
- What are the three biggest reasons you want to make a change?

Case 2 ending

- I want to understand something about their motivation to change
- “Can’t”, “Don’t”, and “Won’t”
- I want to see if there is something they want to change
- Left with a plan – and close follow up.

SMART Goals


S
Specific
Make targets specific and precise
M
Measurable
Make goals measurable by using benchmarks
A
Acceptable and Ambitious
Goals must be acceptable to you and the stakeholders
R
Realistic and Relevant
Goals must be achievable with available resources
T
Time-bound
Goals have a clear start and end date

Case 3: GT

Poorly Controlled Diabetic (A1c 11.0%)

Uses CGM

Medication: Long acting Insulin, GLP1 RA

Limited Activity due to knee pain and poor motivation

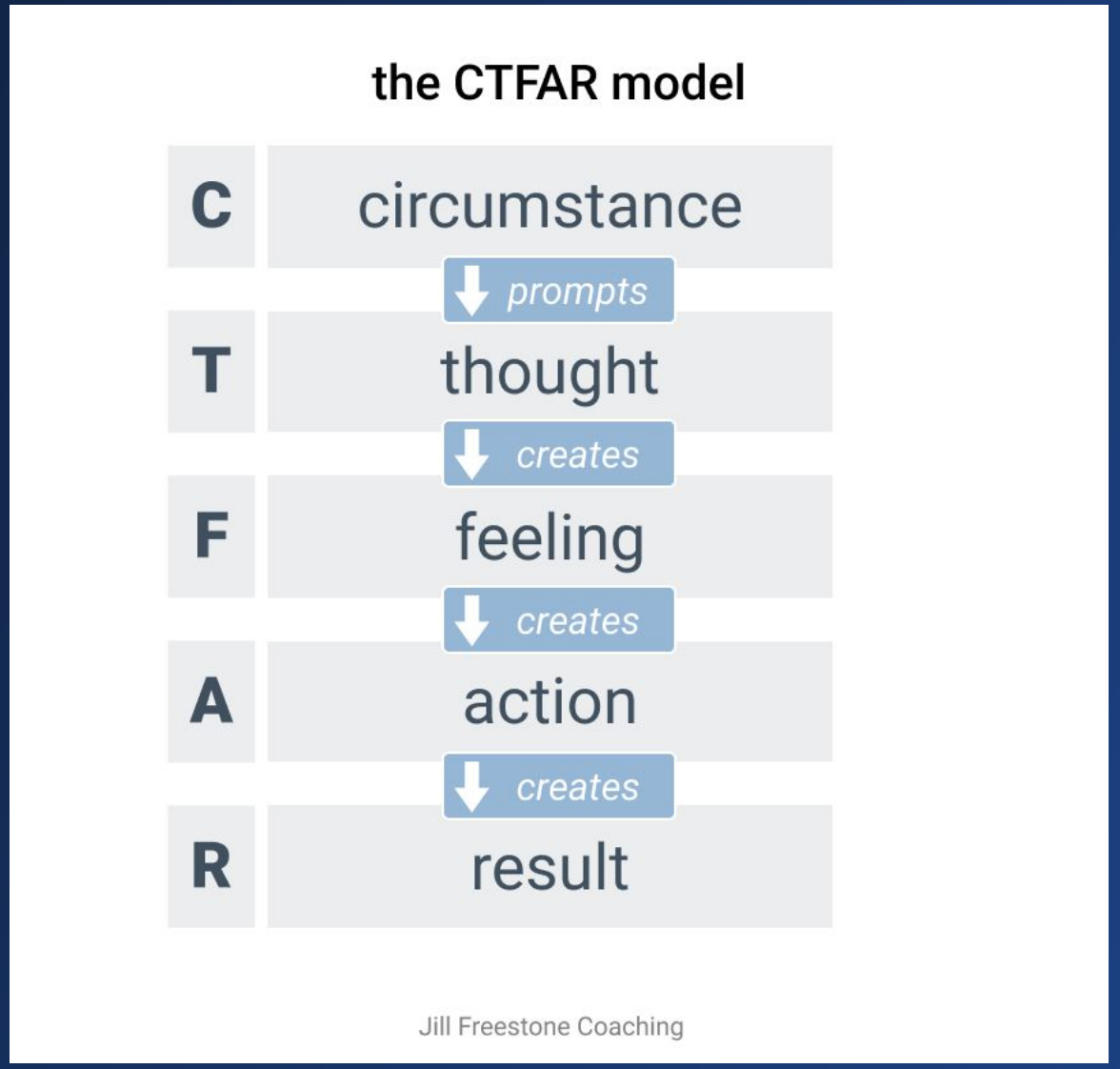
Poor nutrition

Not taking their medication

What do we do when a patient doesn’t want to do anything?

Thought Model

- Framework to help with problem solving
- Aims to identify the root cause of a problem
- Can be applied to any problem
- Helps to explain how our brains and thoughts work!



- **Circumstance**: 36 patients on today's schedule
- **Thought**: I'm never to going to finish clinic on time
- **Feeling**: Overwhelmed
- **Action**: Spinning, ruminating, procrastinating from job at hand, not finishing notes, spreading self too thin among tasks
- **Result**: I do not finish clinic on time

Feelings

- Interpretations of emotions
- Starts in your brain and travel outwards
- Generated by your thoughts and not by your circumstances

Actions

- Something we do = behavior
- Something we don’t do = inaction
- Reaction

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What do we do when a patient doesn’t want to do anything?

Checking in with ourselves – What thoughts do we have in these challenging encounters?

Audience participation

- Emotion in this encounter
- I can be helpful to this person even if they don’t change.

- This is hard for me to address because I don’t know all the details for this patient.

- When I think of this person I think of being stuck. How can I help them get unstuck.
- Draw out some of their reasons for change.
- 1. accept them where they are – diabetes is uncontrolled. Hard to take your medications.
- Sometimes I feel like I am not helping you. I want to spend our time today address what would be most helpful.
- Feels uncomfortable trying to get someone to do something they don’t want to do.
- When you leave this encounter – how do you want to feel about your plan?
- Sometimes I have doubts too.

- 2 or 3 things – and unmute and say things that are helpful.

Additional Cases

1. patient who is using the Libre which initially made a significant difference. Patient started taking it off when he would want to drink alcohol when camping over the summer months. He actually ended up in the hospital 1x due to this. We have reviewed his nutrition, physical activity and alcohol use multiple times and pt is not ready to change.

2. No longer wanting to test blood sugars. I can think of one specific case where the patient told me he was “done testing his sugars and was no longer going to do it, and he did not care how it would impact his health.” This was a 65 year old diabetes patient who was first diagnosed 20+ years ago and was just tired of all the things he had to do to manage his blood sugars. Let me know if you have any questions or need further info about this case.

Additional Cases

3. frequent barrier I encounter with dietary habits. I have several patients that struggle with motivation to begin changing their dietary habits due to cost barriers of purchasing healthier foods.

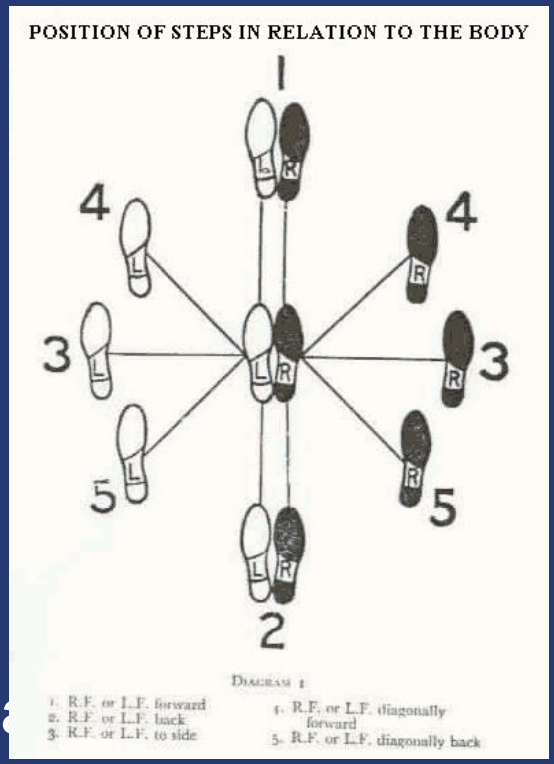
4. Another frequent barrier that occurs is initiation of physical activity in patients with limited mobility or chronic pain.

How can we help our patients create positive change?

- Does not need to be ALL or NOTHING
- Incremental change leads to sustained success!

Brief MI in 5 Steps

- **Ask permission**, establish rapport
- Focus on a topic for change
- Evoke change talk: OARS
  - Open questions
  - Affirmations
  - Reflections
  - Summarize
- Ask permission and offer advice (EPE)
- End the interview with a summary and pl
- Offer an affirmation!



Thank you

Resources:

Dopamine Nation by Anna Lembke

Huberman Lab Podcast

Bischof G, Bischof A, Rumpf HJ. Motivational Interviewing: An Evidence-Based Approach for Use in Medical Practice. Dtsch Arztebl Int. 2021 Feb 19;118(7):109-115. doi: 10.3238/arztebl.m2021.0014. PMID: 33835006; PMCID: PMC8200683.

Additional Training:

- Youtube, Motivational Interviewing 3rd ed.
- Practice with your patients
  - Count reflections
  - Count questions
  - Listen for change talk & sustain talk
  - Listen for non-MI responses
- Audiotape and request peer review
- Attend 1-day, 2-day, 1-week training