

Obesity: A Patient-Centered Approach Workshop

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Denise Ernst, PhD

Owner, Denise Ernst Training and Consultation, Portland, Oregon.

Ernst earned her doctorate from the University of New Mexico, Albuquerque, where she studied under William Miller, PhD, the renowned co-founder of motivational interviewing (MI). Her research focus was the application of MI in real clinical practice. She became an MI trainer in 1993 and is a member of the Motivational Interviewing Network of Trainers (MINT). Ernst has conducted MI training internationally for a wide variety of professionals working in substance abuse treatment, criminal justice, medical care, and public health. She has also been involved in efforts to increase the effectiveness of MI training, has provided structured feedback and coaching to a variety of professionals, and has developed and delivered several levels of advanced MI curriculum.

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Kathy Reims, MD, FAAFP

Principal/Chief Medical Officer, CSI Solutions, LLC, Bethesda, Maryland; Assistant Clinical Professor, Department of Family Medicine, University of Colorado School of Medicine, Denver.

Dr. Reims is a graduate of the Baylor College of Medicine in Houston, Texas. She completed her family medicine residency at Roanoke Memorial Hospital in Virginia. Dr. Reims has a strong interest in the improvement of health systems and actively promotes patient engagement so that patient values and preferences are respectfully included in their care. She is the chief medical officer for CSI Solutions, LLC, and has served as an improvement advisor and faculty member for numerous health systems improvement projects across the U.S. and Canada. Dr. Reims co-directs for the Centre for Collaboration, Motivation and Innovation, a nonprofit organization dedicated to building skills and confidence for better health and health care and is a member of the Motivational Interviewing Network of Trainers. Dr. Reims is actively involved with Denver Health's Lowry Family Health Center as a volunteer preceptor, serving a diverse population. She was a National Health Service Corps Scholar, has more than 30 years of clinical experience with underserved populations, and has served as medical director for two federally qualified health centers.

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Learning Objectives

1. Explain the processes and core skills associated with motivational interviewing.
2. Apply the EPE (elicit-provide-elicite) strategy and three types of "change talks" to patient conversations about obesity.
3. Provide healthcare team and patients with supplemental resources to support improved patient outcomes in obesity.

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Audience Engagement System

Step 1

Step 2

Step 3

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Overview of the Session

- Brief review of core skills
- Focus on skills that deepen the conversation
- Nuances of giving advice
- Importance of planning

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Table Introductions

- Name
- Where are you from?

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Spirit of Motivational Interviewing

- Compassion
- Acceptance
- Partnership
- Evocation

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Let's get started!

- In pairs, decide who will go first. One provider, one person being themselves.
- Provider: Tell me about the things that you currently do to keep yourself healthy?
- Listen with interest and curiosity until the bell (two minutes!)
- Summarize what you heard in 30 seconds.

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Empathy

- Empathy = understanding the patient's thoughts and feelings
- People are more than problems and they will need to bring who they are to move forward
- Does not necessarily mean you feel what the patient feels or think what the patient thinks
- A physician's empathy is only useful if it is experienced by the patient
- To demonstrate empathy you must verbalize your understanding of the patient's thoughts/feelings

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Empathy Video



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Yes? Ambivalence Maybe? No?

- It is normal to have contradictory feelings about making behavior change
- MI is a method of communication for exploring and resolving ambivalence
- When using MI we explore the patient's ambivalence

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Resisting Righting Reflex

- Most of us went into the helping profession because of our eagerness to help, to "fix" circumstances or people who are "broken"
- When we identify "broken" circumstances or people we often jump in with advice and direction
- This innate reflex was strengthened by our professional training
- When practicing MI we must resist this reflex

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Righting Reflex Video

William R. Miller, PhD



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OARS: The MI Core Skills

- **Open-ended questions** to keep the conversation moving forward and encourage self-exploration and patient input
- **Affirming** the patient's strengths, efforts, character and worth
- **Reflective listening** to stay focused on the patient and convey understanding and empathy
- **Summarizing** to provide the big picture and to transition
- **Giving Information**

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"Complexifying" Reflections or Guessing Deeper!

- **Levels of reflection**
 - **Simple reflection**, usually repeating or slightly rephrasing what the patient has said. No added meaning.
 - **Complex reflections**; add meaning; go beyond the words, clinician is "making guesses" about what is underneath the surface, deepens the conversation, may move it forward, encourages further self-exploration by the patient.

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Ways to “Complexify”

- Reflect emotion
- Reflect ambivalence; double sided
- Reflect deep desires and hopes
- Reflect underlying values and goals
- Reflect underlying meaning and importance
- Reflecting change talk; “flipping” the reflection toward the goal
- Reflecting potential action

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“Complexifying” reflections

- I am really tired of trying to lose weight. I have tried so many times and each time I lose any, it all comes back and more. It's not like I eat anything different than the rest of the family. It doesn't seem fair! I know losing weight would help me keep my blood sugar under control but I think I am just going to have to live with it.

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I am really tired of trying to lose weight. I have tried so many times and each time I lose any, it all comes back and more. It's not like I eat anything different than the rest of the family. It doesn't seem fair! I know losing weight would help me keep my blood sugar under control but I think I am just going to have to live with it.

- Simple reflections
 - You are really tired of trying.
 - Each time you lose, you end up gaining more.
 - You think it would help with your blood sugar.

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Complex reflections: **Reflecting feeling**

- You feel pretty discouraged about weight loss
- You are concerned about your keeping your blood sugar under control
- You are really perplexed about why you seem to put on weight when the rest of the family eats the same way and doesn't put it on.

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Complex reflections: **Reflecting ambivalence**

- You are concerned about your blood sugar but feel like you will just have to live with it for now.
- On the one hand you have mixed feelings about your previous weight loss attempts and on the other you would really like to be as healthy as you can.

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Complex reflections: **Reflecting underlying meaning**

- You're really concerned that if you were make another weight loss attempt, that you would fail.
- It is important to you to be a part of your family and not to have to do things differently.
- You are worried about the effects down the road of having your blood sugar get out of control.

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Complex reflections: **Reflecting values and goals**

- You take your health very seriously and want to be sure you are doing what you can.
- You would really like to figure out a way to keep the weight off when you lose it.

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Complex reflections: **Potential action**

- You'd think about another weight loss effort if you could get some help keeping it off

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Complex reflections: **Reflecting change talk**

- You see that losing weight would help control your diabetes
- It continues to be important to you to find a way to lose weight and keep it off.

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Your turn to "complexify"!

"Complexify" Reflections or Guessing Deeper Exercise

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The Language of Change

Sustain Talk ↔ Neutral Talk ↔ Change Talk

Moves away from change



Moves toward change

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Why the Increased Focus?

- Growing evidence that increased change talk as well as decreased sustain talk given by the patient in an interaction leads to better outcomes.
- The clinician can influence the patient's language with their responses.
- The technical components of MI involve strategically and intentionally shaping the patient's language toward change.

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Building on change talk

- Ask for change talk (CT)
- Reflect deeply on CT
- Avoid asking for sustain talk (ST)
- Don't ignore but don't feed ST; reflect simply and minimally

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BREAK

We will start again in 15 minutes!

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Practice

Conversations about Health worksheet

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AES Question

Reflective listening:

- A. Is valuable only when guiding behavioral change
- B. Gives patient's space to explore their own ambivalence
- C. Is useful primarily to help physicians to get a thorough history

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Giving Information vs. Persuading Worksheet

- Think about something that you give advice about often. Write down what you usually say as correctly as possible.

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Giving Information and Advice

I really think you should lose weight, especially now that your weight is in the obese range.

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Giving Information and Advice

- *Would it be OK if we talked about excess weight and impact on health? (Assuming patient agrees.) With your existing risk factors, I am worried about the fact that your weight will put you at even higher risk for diabetes.*

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Giving Information and Advice

- Your BMI is now over 30. In general, that puts people at risk for health complications related to their weight.

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Giving Information vs. Persuading Worksheet

- Make any changes you think appropriate to how you would give advice

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AES Question

Which answer is an example of giving information in a neutral way to a person with a BMI of 36?

- A. Your BMI continues to increase. We have talked about the role of weight in making your diabetes and high blood pressure worse. It is time to take this seriously.
- B. We know that excess weight worsens many medical problems including diabetes, high blood pressure and high cholesterol. Even a small weight loss helps to reverse that trend.
- C. I am really worried about your weight. You need to decide which program you are willing to try.

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Using Elicit-Provide-Elicit (EPE) to Give Advice

- Also known as Ask-Tell-Ask
- Ask permission to give information OR ask what they already know
- Give information in a neutral way
- Ask how they feel about the information

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E-P-E DEMO

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Planning



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Strengthening Commitment and Change Planning

- Ask permission
- Negotiate and confirm the goal
- Facilitate problem solving, brainstorming
- Complete change plan (Change Plan Worksheet), Brief Action Plan, SMART goals
- Summarize (or have patient summarize) the plan
- Elicit commitment and evaluate confidence
- Encourage plan for accountability (follow-up)
- Express confidence

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Practice

Conversations about Health Worksheet

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Take Home Points

- Physicians influence behaviors and outcomes by how they interact with patients
- Deepening of MI skills can facilitate a constructive influence
- Convey hope and action with empathy

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Practice Recommendations

- High quality, complex reflective listening and high relational skills (empathy and MI spirit) support behavioral change (1 – 3)
- Motivational interviewing outperforms traditional advice for a wide range of conditions to improve outcomes (4,5)
- Invite patient-directed next steps (6-8)

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Evidence for Practice Recommendations

1. Tollison SJ, et al. Questions and reflections: the use of motivational interviewing microskills in a peer-led brief alcohol intervention for college students. Behav Ther, 2008 Jun;39(2):183-94
2. Tollison et al. The relationship between baseline drinking status, peer motivational interviewing microskills, and drinking outcomes in a brief alcohol intervention for matriculating college students: a replication. Behav Ther. 2013 Mar;44(1):137-51
3. Gaume J, et al. Mechanisms of action of brief alcohol interventions remain largely unknown – a narrative review. Front. Psychiatry, 26 August 2014 2014
4. Rubak S., et al. Motivational interviewing: a systematic review and meta-analysis. British Journal of General Practice, April 2005

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Evidence for Practice Recommendations (continued)

5. Copeland, L, et al. Mechanisms of change within motivational interviewing in relation to health behaviors outcomes: A systematic review. *Patient Education and Counseling* 98(2015)401 – 411.
6. Aharonovich, E et al. Cognition, commitment language, and behavioral change among cocaine-dependent patients. *Psychology of Addictive Behaviors*, 2008; 22:557 – 562
7. Amrhein PC, et al. Client Commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting and Clinical Psychology*, 2003;71:862-878
8. Gurtnick D, et al. Brief Action Planning to facilitate behavior change and support patient self-management. *JCOM* 2014;11(1):17 – 29 Available at <http://www.centrecmi.ca>

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Pertinent MI Resources

- *Ernst and Reims Motivational Interviewing: A Patient-Centered Approach to Obesity Management*. Video module and associated resources. <http://www.aafp.org/cme/cme-topic/all/motivational-interviewing-obesity.html>
- *Motivational Interviewing* <http://www.motivationalinterview.org/>
- *Motivational Interviewing: Helping People Change, 3rd edition*. Miller and Rollnick, Guilford Press, New York, 2012.
- *Motivational Interviewing in Health Care: Helping Patients Change Behavior* (Applications of Motivational Interviewing) Stephen P Rollnick PhD, William R. Miller Phd, Christopher C. Butler MD, Guilford Press, New York, 2008.
- Reims et al, Brief Action Planning White Paper, 2014 available at www.centrecmi.ca
- Centre for Collaboration, Motivation and Innovation <http://www.centrecmi.ca/>
- *Motivational Interviewing in Diabetes Care*. Marc P. Steinberg, and [William R. Miller](#) Guilford Press, New York, 2015
- *Motivational Interviewing in Nutrition and Fitness*. Dawn Clifford and Laura Curtis Guilford Press, New York, 2015
- Patient support: <http://familydoctor.org/familydoctor/en/diseases-conditions/obesity.html>

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Interested in More CME on this topic?
aafp.org/fmx-endocrine

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