

## **Integrated Care in Action Podcast: Foundations of Motivational Interviewing**

**Joy Oguntimein:** Welcome to the second episode of the Integrated Care in Action podcast where we will discuss strategies for implementing Motivational Interviewing as an approach to increasing client engagement and self-efficacy. This podcast features discussion with experts around innovative strategies for supporting providers and health plans in the delivery of coordinated high quality care to individuals enrolled in both Medicare and Medicaid. I'm Joy Oguntimein with the Resources for Integrated Care, and today we have several experts with us from the Camden Coalition of Healthcare Providers, a nonprofit organization based in Camden, New Jersey that brings together healthcare providers, community partners, and advocates who are committed to elevating the health of clients facing the most complex health and social challenges. The Coalition practices whole-person care and provides coaching, teaching and training to communities across the country on its underlying care philosophies and methods.

Gayle, Bill and Latonya, would you like to introduce yourself and share some information about the work you do at the Camden Coalition?

**Gayle Christiansen:** Sure. I'm Gail Christiansen. I'm a human-center designer. I have worked at the intersection of healthcare, community development and education. At the Coalition I lead a team in creating learning experiences and content.

**Bill Nice:** I'm Bill Nice from the Camden Coalition, a social worker by training and I work directly with participants experiencing complex medical and social needs, and I tried to help them navigate these systems by collaborating with partners across multiple sectors like Social Services or the criminal justice system or maybe housing providers, to help create stability for our participants and improve how these systems can work together to help our participants.

**Latonya Oliver:** Hi, my name's Latonya Oliver from the Camden Coalition. I am a social worker by education. I am currently the Clinical Manager of social work here at the Camden Coalition. My primary duties are to oversee the housing first program. This is a special program, so what we're doing is we're triaging and targeting individuals with a long history of utilization as well as a long history of homelessness and then we're placing them in the housing. So majority of patients that we are housing are going directly from street homelessness into housing. I also oversee in our main intervention the patients and their non-medical needs that they need in the community. Similar to Bill, helping them connect to other providers in the community.

**Joy Oguntimein:** Thank you for those introductions. Can you say more about the populations you work with and the social and medical challenges these individuals and may be facing?

**Gayle Christiansen:** Sure thing. We work with individuals who have multiple chronic health conditions and who are typically taking multiple medications, have frequent hospital utilization and have two or more social barriers making their health care more complex. Some of the social barriers that folks we work with live with include homelessness, active substance use, active mental health concerns, poor social support, interpersonal violence, lack of income, and really a combination of all these factors. Common medical challenges that are impacted by these social barriers that include adherence to taking medications, being able to follow up with primary care

providers, accessing durable medical equipment can be challenging and so can managing chronic diseases like diabetes, COPD and CHF.

**Joy Oguntimein:** Thank you for that background on the work you all do at the Camden Coalition. Today we'll be discussing the basics of Motivational Interviewing and then we will listen in on a role play of Motivational Interviewing techniques. Thank you Camden Coalition for sharing your experiences with Motivational Interviewing as an approach to client engagement and relationship building that supports self-efficacy and clients' internal motivations for change. Let's get started.

To kick us off, I'd like to start with a discussion of the basics of Motivational Interviewing. Can you share an overview of what Motivational Interviewing is?

**Bill Nice:** Motivational Interviewing or MI is an approach to help individuals make changes in their behavior and is a collaborative and supportive approach to understanding an individual circumstances and experiences. So it's a guidance style of communication that's more natural and intuitive. You know, it feels more natural in some ways that you're just being curious and talking to the person, really finding out about the person and specifically about a change that they want to make. In order to know why a person wants to make change, we have to know more about them, their circumstances, past experiences, barriers, history making other changes, what has worked for them in the past. And we get to do all of that by asking open ended questions, affirming what we hear, reflecting back to them and using these as a way to gather information and let the person reflect on what they've told us.

**Latonya Oliver:** So this is very different than just meeting someone, meeting a patient and just telling them what to do. So Motivational Interviewing is very much a guiding style. It's not being so directive, it's not being so laid back where you allow them to compile the plans and whatnot, but it is definitely laying out the breadcrumbs to the ultimate goal and having them follow those breadcrumbs. So the idea that people are more likely to follow the plan that they have set up themselves is way more plausible than us telling them what to do. Motivational Interviewing is about finding intuitive reasoning as to why people want to make that change. A lot of times people aren't as reflective to think about why exactly they would like to make a change in behavior. Another key part in Motivational Interviewing is trying to find an explanation of the patients we're working with, the people we're working with, and trying to understand their feelings and their kind of the resistance towards change

**Latonya Oliver:** A lot of times the people we're working with, and people in our families may not even realize they may be so ambivalent or resistant to making any type of change. So Motivational Interviewing really helps to explore and better understand these feelings and as they, as the people that we work with, as they vocalize their uncertainty or resistance, we may be able to guide them through additional thoughts and considerations to eventually make change. So ultimately it's an easier way to understand where someone's coming from to help them get to become less resistant towards change when they can share more of their thoughts, their ideas, and their circumstances of what they're going through currently.

**Bill Nice:** Yeah, Motivational Interviewing can also help individuals find their internal motivation for change. So we don't often take the time to reflect and think why we may want to make the change, or realize that we have an ability to make change without thinking about the changes that we've made in our lives previously. So how do these conversations that utilize Motivational Interviewing allow us to explore with someone, some of these underlying drivers for change? And then we can also explore their capability for actually making a change that may feel daunting or overwhelming when they first consider it.

**Joy Oguntimein:** While Motivational Interviewing is popular in the behavioral health field. Can you speak a bit about how Motivational Interviewing can be used in other healthcare settings?

**Gayle Christiansen:** Most definitely. So we think Motivational Interviewing is really an approach that can be applicable in a lot of different areas, both in healthcare and in other parts of our lives. So clinicians and clinics and hospitals can use Motivational Interviewing. So can community health workers and case managers who are out in the community. Really any provider that's working with individuals to make changes can use Motivational Interviewing to really get a better understanding of a person's life and help them understand why they would want to make a change. For example, it might be someone who is working with an individual who has diabetes and needs to manage that condition, and that's really going to involve a lot of change. Or it could be working with someone who is working to and looking to make the decision to leave an unhealthy relationship, and trying to understand all the dynamics that are part of that.

**Gayle Christiansen:** It could also be someone who is working with someone who has made a decision or wants to make the decision to lose weight and commit to some exercise plan. So there's lots of ways that as providers, we can use Motivational Interviewing. When we have an incomplete picture of who someone is or we don't know their whole story, it's really easy to dismiss them or judge their behaviors. For instance, if you have someone who has made five follow-up appointments with their primary care provider and has only attended one, you could easily dismiss this person as noncompliant or not engaged or someone who doesn't value their health. Or taking kind of a Motivational Interviewing approach, you could ask open ended questions to better understand this person's behavior. You could say, for instance, "I'm glad you're here. It sounds like you've made a lot of appointments but haven't been able to make them regularly. Can you tell me more about the challenge you have with attending your appointments?" So in using Motivational Interviewing, then you can really help to understand where a person's coming from, what's driving their behaviors, more holistically, and in doing so you can really determine how best to continue to engage them, accommodate them, continue to speak to them about creating the changes they want for themselves.

**Bill Nice:** So this approach is really about learning someone's story and kind of guiding them through this process of making change in their life. And it has applicability in a variety of provider and non-provider settings. It can be used in multiple places. Another example would be working with an individual who is experiencing isolation or loneliness, but they're hesitant about going to an adult day program. They're not sure if they want to go and you're really trying to help them figure this out. Motivational Interviewing can be used to help the individual understand their feelings toward this potential change, why they may want to go, why they don't want to go,

and what supports would be beneficial in this process. You're really kind of helping them discover the reasons why this could be useful to them. The people that we're working with are kind of active in this process of creating change in their lives.

**Bill Nice:** This isn't us dictating something to them. It's them, kind of peeling back this layer of their personal story and what's important to them and this change is really driven by them, not us as providers or care workers. So while Motivational Interviewing is appropriate and applicable in a lot of situations, there are definitely some where it is not a preferred way of engaging with people and is definitely inappropriate. This would be when the person is really at imminent risk to themselves or others and we want to make sure that we're safeguarding them by treating them in the moment and not trying to dig too deep, like medical emergencies. If somebody is having chest pain, we're not going to sit there and try to use MI to figure out why they're having chest pain or you know what their motivation is for going to the hospital. We're going to make sure that the person is putting their safety first and that they go to the hospital if they need to be taken care of.

**Bill Nice:** Also, when we're dealing with somebody with a mental health diagnosis that may be having a psychiatric emergency, we're going to make sure that, again, we're taking their safety into consideration. If they're vocalizing suicidal ideation or homicidal ideation, we're not going to take the time to dissect that and understand what, where their feelings are coming from and why they're thinking that way. We're going to take the appropriate action to make sure that they get the help that they need and to again, safeguard themselves and others.

**Joy Oguntimein:** What are the key components of using Motivational Interviewing?

**Bill Nice:** So partnership and collaboration is key. And then you know, that kind of helps you build that relationship and move into this acceptance stage where you know, you're accepting the person for who they are and where they're at. And that while you may not necessarily always agree with somebody's actions or condone their actions, that you accept them for who they are, their inherent worth as an individual and that, you know, they have a right to make their own decisions.

**Bill Nice:** That really ties into that compassion piece of just getting to understand a person's life and their story and really understanding where they're at, why they want to make change, you know, what's important to them, why they're maybe struggling with making that change. And then ultimately, you know, showing them that you still value them, that you still want to work with them, that you're there to collaborate and help them meet their goals. And that the best way to do that then is to evoke from them the reasons why and how they can go about making that change. And so you know that path that you're going through is, you know you're going to be going back and forth with that, but it's really starting with the fact that you know, this is a partnership. I really want to work with you to help you achieve your goals and I accept you for who you are.

**Joy Oguntimein:** I've heard people use the acronym OARS, O-A-R-S to represent the key strategies for Motivational Interviewing. Could you tell us more about what the OARS are?

**Gayle Christiansen:** Sure. To summarize the four questions, the four strategies are asking Open Ended Questions, Affirmations, Reflections and Summaries. And so Open Ended Questions is when you're asked asking a question that doesn't end in a yes or no or a brief response but provides more substantive information. And so oftentimes I think about asking open ended questions is taking a fact and asking it as a question instead.

**Bill Nice:** Yeah. And so the next part would be Affirmation. What you're really trying to do in an affirmation is provide validation that you heard what the individual is saying, that you understand what the individual is saying to show that you're really listening and present in the conversation. And so you may say, "Thanks for sharing that you're having a hard time reading the labels on your medication and that's the reason why you haven't been taking them." It just lets them know that you heard them correctly, that you're there and provides validation for maybe the struggle that they're going through or the challenge that they're facing.

**Latonya Oliver:** So another part of Motivational Interviewing in the OARS is the R which is Reflection. So reflections really are sharing back in our own words or perhaps paraphrasing, what we heard the individual we're working with share with us. So really the purpose is really first to ensure that we heard them correctly. And then second is to highlight the motivation behind that change that they stated to you. So when you're reflecting back ideas, we are really letting the person we're working with again here their own ideas coming from another person and what they've shared with us. It's really also laying more breadcrumbs to that goal or that change that they want to make. So an example of this would be if you're working with a patient who may be smoking and they also have grandchildren. So you could ask them, you know, "Bill, I hear your goal is to stop smoking, correct?"

**Latonya Oliver:** "Yes."

**Latonya Oliver:** "Well, what is the reason for you to quit smoking?"

**Latonya Oliver:** And he may say, "Well, I wish to spend more time at grandchildren. I wish to have a longer life to spend with my grandchildren."

**Latonya Oliver:** And digging deeper in that statement, you would say, "Well, it seems to be that your family is really important to you." So that's a good way of using reflection to basically play back what your patient has stated to you.

**Gayle Christiansen:** And then the fourth strategy are Summaries, which is you're recapping all of what you heard and what the conversation that took place. So you're capturing kind of both positive and negative aspects of your ambivalence. You're highlighting any of the statements where an individual sharing their motivation. Maybe you're incorporating other pieces that you talked about and I think you're ending with confirming that this is indeed what happened. Again, highlighting that these conversations are conversations and it is a partnership.

**Joy Oguntimein:** Thank you all for that great overview of Motivational Interviewing. Now that we have some background on how and when Motivational Interviewing can be used, Bill and

Latonya are going to run through a role play exercise to show Motivational Interviewing in action. I'll send it over to you two.

**Latonya Oliver:** Yeah, so we will be give you a little background about the patient. It's actually someone who we did work with, Marianne, she is a 56 year old female with a medical diagnosis of HIV, hypertension. She does have a mental health diagnosis of bipolar type one. She's also living with alcohol dependence and cocaine abuse. Every time we meet with Marianne, she speaks rapidly. She often paces back and forth. She can't really sit still. She often says she wants to go to adult, like a partial care. She'll stay there for a couple of weeks. Maybe if that, then she'll decline. She'll take herself out of program, and it was very hard to have a conversation with Marianne, there wasn't really a linear thought process when talking to her, so it was really hard to even sit down and have a conversation with her.

**Gayle Christiansen:** In the role play then, Latonya, you're going to play Marianne and Bill, you're going to play the provider and we can all listen for the different types of Motivational Interviewing approaches that we had just talked about.

**Bill Nice:** Sure.

**Bill Nice:** "Hey Marianne."

**Latonya Oliver:** "What?"

**Bill Nice:** "Well saw you were in the yesterday and it looked like you had a change of mental status, so you know I was concerned. What do you think this may be?"

**Latonya Oliver:** "I don't, change in mental status? I'm not sure if just the normal stuff that I am all the time. I don't understand what you mean. Change in mental status. I didn't have to do what you told me to go to program. I went to the program. I didn't like the program. They kicked me out, but they said I was high. They did a drug test. I don't really understand, like there's no changing mental status. I just went to hospital because I felt a little lightheaded."

**Bill Nice:** "Well, I know that oftentimes we talk to you about, you know, when you're not feeling well, you have to go to the hospital, we want you to do that. But also, you know, I'd like to better understand, you know, maybe what was going on. Can you tell me a little bit about why you went to the hospital?"

**Latonya Oliver:** "It's those medications. I'm not taking those HIV medications. The only time I took them was when I was incarcerated because they made me take them. And I feel a little lightheaded right now. I mean I just, I feel really weak. I felt really tired. Like I don't, I don't understand all these questions."

**Bill Nice:** "No, I know, I know it's a lot and I know that you're going through a lot, but I know we talked a little bit about maybe going the HIV clinic before and I was wondering how would your life be different if you were connected to the clinic?" Latonya: "How would my life be

different if I was connected to the clinic? No one's asked me that before. I'm not really sure. So maybe I'll stop off at the hospital. I'm like, I don't know. Maybe."

**Bill Nice:** "What do you think you could do about maybe talking to them? Is there something that you think you could do?"

**Latonya Oliver:** "Could you come with me?"

**Bill Nice:** "Well, is that important to you?"

**Latonya Oliver:** "It is because sometimes when I go there I feel like no one really listens to me and I just like the staff just look at me like the crazy one who's coming in again. So it may be, it can help a little bit, maybe." **Bill:** "So how do you think that would help if I went with you?"

**Latonya Oliver:** "Maybe I have someone there to help me and advocate for me."

**Bill Nice:** "Well could you telling me a little bit more about your relationship with the clinic so I could better understand?"

**Latonya Oliver:** "I mean I've been connected that clinic off and on for the last 16 years. I've been in and out of jail, you know, and I go for a little bit and I leave and I go and I leave like so they know who I am very well."

**Bill Nice:** "So it seems like you know them and they know you, but maybe you don't know each other well, and I know that we've worked together for awhile and we've come to know each other a little bit better. What do you think would help your relationship with the clinic get better?"

**Latonya Oliver:** "Maybe if I kept my appointments and didn't cancel all the time."

**Bill Nice:** "And I know that can be difficult. I think that that's a really good thing that you pointed out that you'd see that, you know, sometimes consistency, we've been able to meet with each other consistently and that's how we got to know each other and maybe going to the clinic more consistently would help you do that."

**Latonya Oliver:** "So yeah. So maybe I have a calendar that I carry around with me, so maybe I can put, you know, when my appointments are in my calendar and I, you know, I can just, that's how I remember to go to my appointments."

**Bill Nice:** "Okay. So let me make sure that I understand this. I want to summarize this with you if that's okay. I know you've been going to the hospital because you haven't been feeling well and that you haven't been taking your medications and that you've been to the clinic before, but you feel like sometimes people aren't listening to you or you're not being heard or they judge you, but that it could be helpful if somebody else went with you or if you were maybe making your appointments more consistently that you would feel better and not go to the hospital as much. Does that sound accurate?"

**Latonya Oliver:** "That sounds about right. So I'm going to write in my calendar and when my appointments are, then maybe we can make the first appointment together and maybe we can go to the first appointment together and if I keep my appointments then they'll fill my scripts and I can just walk to the Rite Aid around the corner on Broadway and I could pick up my medications and you know, maybe I just won't feel as bad anymore."

**Bill Nice:** "Okay, so then why don't we do this. If you can make that appointment, call me and let me know when you're scheduling it and we can go see how that appointment goes together and make a plan from there. Does that sound okay?"

**Latonya Oliver:** "Okay. Okay. I can do that."

**Bill Nice:** "Okay. Thank you."

**Joy Oguntimein:** Thank you both for that excellent example of Motivational Interviewing, in action. Thinking about what we just heard from you both, what are some of the most important differences between a more typical client encounter versus when you engage a client through Motivational Interviewing like you just demonstrated?

**Latonya Oliver:** So I would like to say, so the role play we do, it was very clean cut within five minutes. This conversation that I have with one particular patient, this was a, this was months Motivational Interviewing. It was condensed. It was five months of like Motivational Interviewing condensed into two minutes. But I would say Bill just constantly ask me, "Is this what I'm hearing correctly?", Constantly asking those open ended questions. I remember I would ask those questions to Marianne. It was making her think about behavior change. It was making her think about how her changes would impact her life and her health overall. Open ended questions force you to dig a little bit deeper and force you to be reflective of your own actions.

**Bill Nice:** And I, and I think the thing is is that it's very easy to, you know, fall into a close ended question and they're okay. They're not bad. I mean, so you know, they have a place, but you just want to make sure that you're not falling into that pattern. So you know, it's, it's again, it's that dance of trying to make sure that you're evoking from the person what's going on, how can you help them identify a plan that would work for them? Oftentimes we also try to make sure instead of us just automatically going to every appointment, you know, or being involved in every aspect of it, asking the individual what other supports or what other things they could do. But we also do want to show that we're there to support them. So it's about, you know, like, Hey, maybe I'm willing to go, but I also want to set you up for later when you know, I stepped back.

**Joy Oguntimein:** Thanks for that explanation. A few things are sticking out, to me. It sounds like Motivational Interviewing is an approach that challenges us to get rid of our assumptions and to get to the heart of the matter about what matters most to the person that we're working with. It challenges us to not assume things or to come off judgmental or critical, but to again, ask individuals about what matters the most to them in order to address the real challenges they are facing. Also, the reality is that the Motivational Interviewing is the technique to help us address behavior change, which takes time. To change the way we think and our habits doesn't happen



overnight. Could you share with us a little bit more about challenges related to Motivational Interviewing?

**Bill Nice:** Sure. The acceptance piece is really, really hard because you're going to want to help somebody. You're going to see them maybe make decisions that you don't agree with. Things aren't going to progress maybe as smoothly or as well as you'd like. As we pointed out, our role plays were a little bit smoother than none of these conversations will go. And so the tendency has going to be to get frustrated.

**Gayle Christiansen:** So MI can be frustrating because we naturally want to help people and and to oftentimes tell them what to do, we're in this helping profession. Instead this approach is really about walking the journey with the person and having them articulate how they can make the change that you both know they want to do. However we tell people what to do, then the chances are they're actually, it's going to be harder for them to make that change because they didn't come up with it for themselves. But it's a lot easier to just know you can identify what that person needs and tell them to do it. You have to like take the time to step back and let them come to those decisions on their own. And that's where that frustration I think really comes in.

**Bill Nice:** So I think it's also important to understand the difference between empathy and sympathy. A lot of times people will say they feel sorry for somebody or they have sympathy for someone and this really can impact how we work with people and the frustration that we feel, you know, understanding the differences between empathy and sympathy can help us less than our own frustration and this feeling of helplessness when you're helping somebody and you really want them to get it but they're struggling. So it not only helps us ourselves emotionally be prepared for the work that we're doing, but it also helps us engage people differently, more compassionately, more patient-centered or person-centered. You know the, the difference being that you know when you have sympathy for somebody, you feel sorry for them, you feel bad for them, but you don't necessarily connect to them. You don't connect to the situation that they're in.

**Bill Nice:** Maybe they're having a different lived in experience than you are. They may be struggling with substance use or homelessness and you haven't been homeless before or had a substance use issue. But if you think of empathy, really putting yourself in that vulnerable space that those things are creating for that individual how they feel, because they're struggling with substance use or how they feel because they're experiencing homelessness and you can feel that they're alone or afraid or sad or scared and you can remember a time when you were feeling those ways that will put you in a better place to understand their challenges and you'll be better equipped to kind of handle the things that they're going to need from you in order to to provide care. It'll help you communicate what they're experiencing and what are some of the motivations for them to change that are relevant to them and not how we feel they should be progressing through their care to make the changes that they state. Again, this is really just about understanding where they're coming from, what they vocalize is important to them, and then having that empathy that I remember a time when I also felt that way. This is how I would like to be treated. I'm going to treat this person with compassion and then using that to kind of help you examine and guide this individual along their journey.

**Gayle Christiansen:** I think in, you know, we've, we've talked a lot about what you say in a conversation, but another large part of Motivational Interviewing is really allowing for silence, really making space for it and feeling comfortable with it. And that's really hard for people oftentimes when we're in a conversation and there's a pause, you want to rush to fill it, but it really takes time for the people that we're working with to really think through what their emotions are and their ideas are. And so as practitioners, we really want to make space for them to do that thinking and feeling and we don't want to rush through because we really want to honor people's experience and honor that silence. So when doing Motivational Interviewing, kind of reminding ourselves that silence is okay and expected and normal and we should really make space for it.

**Bill Nice:** So sometimes we get excited when somebody we're working with decides that, yes, I want to take this step, I want to make change. And we immediately go into planning mode. You're kind of like running right ahead, skipping past further explanation. Like you're not asking any additional questions, you're already kind of coming up with the plan. But I think one of the issues with that is you're also not looking for what are some of the barriers or issues that could arise. Again, if we're using the plan around our own experiences, we're not necessarily taking into consideration that person's situation, environment and experiences. So moving ahead too fast can also have the opposite effect where people get really frustrated because we didn't make a good plan, they're not successful, things don't work out, and now they're no longer motivated to make change in their lives. So taking time in the beginning, being thoughtful is really important to sustaining, change, change talk and ability to make long-term change.

**Bill Nice:** We also need to understand that change isn't always a linear process. So some people may make some change, do well, they may slide backwards and so all of this is normal. It's to be expected. And if we are okay with that and understand that we're going to normalize that for the people that we work with and they won't get frustrated when they're struggling. But all of this is just a further opportunity for us to kind of talk more about what are the things that are working well, what isn't working well. Using more open ended questions to just dig a little bit deeper to continue to create a more succinct and better plan that will work for this individual.

**Joy Oguntimein:** Thank you all so much for this great overview and introduction into Motivational Interviewing and thank you to our listeners for joining our conversation today. You can find more information by viewing the resources guide associated with this podcast on the Resources for Integrated Care website or by visiting the Resource page available at [www.CamdenHealth.org](http://www.CamdenHealth.org).

**Joy Oguntimein:** This podcast is presented by the Lewin Group and is supported through the Medicare Medicaid Coordination Office at the Centers for Medicare and Medicaid Services. To support providers in their efforts to deliver more integrated, coordinated care, Resources for Integrated Care, develops technical and actionable tools based on successful innovations and care models. To learn more about current efforts and resources, please visit our website, [www.ResourcesforIntegratedCare.com](http://www.ResourcesforIntegratedCare.com). Or follow us on Twitter for more details @Integrate\_Care.