WORKING WITH THE TEENAGER WHO “DOESN’T” HAVE ASTHMA

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• Dr. Wooldridge completed multiple courses on Motivational Interviewing starting in 2009 and has been actively using this technique in clinical practice since.

Goals of this Presentation
- Begin to understand the differences between Motivational Interviewing (MI) and traditional doctor/patient interactions.
- Describe the characteristics of Motivational Interviewing (MI)
- Understand the guiding principles of MI
The Teenager.....

• 15 yr old with history of asthma since 3 years of age
• Prescribed appropriate inhaled corticosteroid
  • Refill history- dispensed 3 times within the last year
• Uses albuterol 5-7 times per week
• Needs oral steroids 1-2 times a year for last 3 years
• Within the last month, hospitalized for asthma exacerbation

The clinic visit...

• 2 weeks after hospitalization
• Follow up visit in clinic
• FEV1% predicted- 95%

• During the conversation the patient says....
  “I don’t really need to take these medications because I don’t have asthma.”

Your Response....

• I must educate this patient that they do have asthma and how severe it is.
• They must take their medications daily
• They must use a spacer
• This patient is difficult and noncompliant
Think of yourself as a patient...

How well do you take care of yourself?

Recommendations for a Healthy Life

• Diet
  • 2.5 cups veggies
  • 2 cups fruits
  • 3 cups dairy
  • 5-6 ounces lean protein

• Exercise
  • 2.5 hours per week of moderate activity

• Body Mass Index
  < 25.8 females
  < 26.4 males

Raise your hand if you are now thinking of excuses why you haven’t be able to follow these guidelines.

Could you be seen as the “difficult” or “frustrating” or “unmotivated” patient?
As health care providers, how do we help patients/families make these changes?

Our style of interaction with patients about their health can substantially influence their personal motivation for change.

Traditional Interaction...
• Closed end questions
• Not reflecting feelings or expressing empathy
• Providing unsolicited advice
• Ending in a typical prescriptive fashion

Traditional Interaction...
• Physician takes charge
• Implies uneven relationship with regard to knowledge, expertise, authority, or power
• “I know how you can solve this problem. I know what you should do.”
• Expected complimentary role is adherence.
• You may recognize this style as a cornerstone of your education.
• Patients may appear to expect this style.
A Provider’s Response to Traditional Interactions

- Provider feels **responsible** for patient’s outcome
- Poor outcomes may be seen as **failure** of provider
- Provider feels **disrespected** if patient does not listen or argues
- Provider may become **irritated** or **frustrated** when patient can’t/won’t follow through

A Patient’s Response to Traditional Interactions

- Patient does not feel **responsible** on their health and life.
- Patient is not part of the **failure** of the outcome
- Patient feels **disrespected** that provider does not listen
- Patient may become **irritated** or **frustrated**

Why do we use the Traditional Interaction?

- >60 years ago- majority of medicine was management of acute infectious illnesses
- >60 years ago- many chronic illnesses were terminal
- Antibiotics and immunizations have dramatically reduced these infectious illnesses
- Surgical interventions and medications greatly improved control of chronic illnesses

Therefore, medicine has shifted from treating acute problems to treating/preventing chronic ones.
The Required Shift in Interactions

- The standard “teach and treat” model of provider-patient interaction works well for acute problems.
- Chronic problems require the patient to change their behavior/lifestyle permanently and are more difficult to address.
- Hence, Motivational Interviewing, a technique which may help.

Motivational Interviewing...

- Open ended questions
- Empathy
- Reflecting
- Rolling with resistance
- Asking permission
- Providing brief advice and then waiting for feedback
- Assessing readiness
- Providing the patient options to choose from

Definition of Motivational Interviewing

Client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

Foundational Ideas of MI:
1. Ambivalence is a normal and common human experience. The “love/hate” relationship
2. Intrinsic motivation supports long-term adoption and adherence to complex behaviors.
3. People can change naturally on their own.
MI takes a long time to learn

- 18 pediatric residents: 9 hour course on MI plus written feedback on communications skills
- At 3 months, a trend toward improvement in MI skills
- At 7 months, a significant improvement in use of MI skills
- You can learn these skills in a relatively short amount of time. You don’t need to be a licensed counselor.


MI Outcomes

- Meta-analyses of MI suggest:
  - When compared to other active interventions, MI:
    - Increases healthy behavior
    - Improves diet and exercise
    - Increases treatment adherence
    - Improves parenting practices

Lundahl & Burke, J Clin Psychol, 65, 2009

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Stages of Change

1. Pre-Contemplation

Over Here
I can’t hear you!

2. Contemplation

No, this way

3. Preparation

CHANGE AHEAD
Stages of Change
1. Pre-Contemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance

What Triggers Change?
• Constructive behavior change seems to arise when the person connects it with something of intrinsic value, something important, something cherished.

• Intrinsic motivation for change arises in an accepting, empowering atmosphere that makes it safe for the person to explore the possibly painful present in relation to what is wanted or valued.
Our Teenager
• Intrinsic value—being able to walk the mall without difficulty, being able to play basketball, being able to sleep at night, not being different from everyone else, not looking weird taking medicine, not having parents bug them to take medicine.
• Intrinsic motivation—
  • If I take my daily asthma medication, I can…
  • If I don’t take my daily asthma medication, I can’t…

Critical Components of Change
• Willing – The Importance of Change
  Degree of discrepancy between what is happening at present and what one values for the future.
• Able – Confidence for Change
  Can I really do this?
• Ready – Making Change a Priority
  Fitting the change in.

General Principles of MI
1. Express empathy
   Acceptance facilitates change
   Reflective listening is fundamental
   Ambivalence is normal
2. Develop discrepancy
   Client should present argument for change
   Change is motivated by a perceived discrepancy between present behavior and goals.
General Principles of MI
3. Roll with resistance
   Avoid arguing for change
   Client is primary resource in finding solutions
   Resistance is signal to respond differently

4. Support self-efficacy
   Believing in possibility of change is important
   Client is responsible for carrying out change

Methods of MI
Formal sessions:
1. Set an agenda – identify target behavior
2. Positive aspects about target behavior
3. Negative aspects about target behavior
4. Explore life goals and values
5. Ask for a decision
6. Goal setting (SMART)

For time-limited patient interactions:
- ELICIT – PROVIDE – ELICIT

Example

ELICIT – PROVIDE – ELICIT

- ELICIT – ASK what the patient knows or would like to know or if it’s okay if you offer them information.
  - “What do you know about…”
  - “Do you mind if I express my concerns?”
  - “Can I share some information with you?”
  - “Is it okay with you if I tell you what we know?”

- PROVIDE – Information in a neutral, non-judgmental fashion.
  - Avoid “I…” and “You…” statements
  - “Research suggests…”
  - “Studies have shown…”
  - “Others have benefited from…”
  - “Folks have found…”
  - “What we know is…”

- ELICIT – The patient’s interpretation
  - “What does this mean to you?”
  - “How can I help?”
  - “Where does this leave you?”
Summary

- MI works through a combination of strong patient-provider relationship and specific techniques that encourage patient to discuss the possibility of behavior change.
- Goal is to use MI to have productive conversations about behavior change.
- Change is the patient’s responsibility!

Useful MI References

- https://motivationalinterviewing.org