Evidenced Based Motivational Interviewing and the Sleep Apnea Patient

A New Opportunity for Enhanced Training

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Caution, this presentation is interactive. To gain the most from this activity, participation is key!
Objectives

- Describe Motivational Interviewing (MI)
- Define two attributes of MI
- Consider how the sleep technologist can employ MI techniques
- Apply MI to Case Studies (Interactive)
As we navigate stormy seas....

“Remember, there is a patient at the end of the CPAP Machine! “

E. Grandi, Personal Communication, 2011
What do we think of non-adherent patients?

“They don't see (are in denial or lack insight), they don't know, they don't know how, and/or they don't care.”

Butterworth, 2008
Traditional Approach

They don’t see... we provide them with insight, they will change

They don’t know.... We provide them with knowledge,

They don’t know how.... We teach them skills

They don’t care..... We guilt them or make them afraid
Think about areas in your life

Weight
Diet
Treatment
Sleep Hygiene

We are health care professionals, we have problems, why would not our patients?
The Premise of Motivational Interviewing (MI)

“it is guided by the notion that motivation to change should not be imposed from without, in the form of counselor arguments for change, but elicited from within the client”

Rollnick and Allison, 2004
How does it work?

Motivational interviewing is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is intended to strengthen personal motivation for and commitment to a target behavior change by eliciting and exploring an individual’s own arguments for change.

Miller and Rollnick, Stockholm 2010
Why Should this Technique be Important To Sleep Professionals?

Technologists spend prolonged amounts of time with the patient.

Technologists are employed in roles where MI could make a difference:
- CPAP Coordinator
- Clinical Sleep Educator
- Case Manager
- Night technologist

Technologists may often be the first sleep related professional that the patient has contact with.
What is our primary goal?

Improve The Health and Life of the Patient
What are ways that we currently use to achieve our goal?

<table>
<thead>
<tr>
<th>Technology</th>
<th>Education</th>
<th>Training</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Other</td>
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</table>
Key Take Away

--Studies have shown that **40-80 percent** of the medical information patients receive is forgotten immediately and nearly half of the information retained is incorrect--
Cochrane Review, 2010

“It is estimated that 29 to 83 percent of patients are non-adherent, when non-adherence is defined as a mean of \( \leq 4 \) hours of use per night. The mean duration of use is only three hours per night (on those nights when it is used) among patients who are non-adherent.”
CBT vs. MI

“CBT and MI cannot be directly compared, as the former constitutes a form of treatment, while the latter, a therapeutic approach.”

“Like CBT, MI is focused and goal-directed”

“Both models call for a collaborative partner-partner style that is empathic and involves the exchange of information”

Donan, E. (2011) Academy of Cognitive Therapy
The History of MI

1983

Miller developed the hypothesis that the way clients were spoken to could either enhance or minimize motivation to change.

Derived from the Social Cognitive Theory

Client centered directive method to change by exploring and resolving ambivalence.
What is MI?
• It is a means to change behavior
• It is a process
• It is supportive “talk” therapy
• It helps patients to identify and change behaviors that place them at risk

MI Spirit

Partnership = P
Affirmation = A
Compassion = C
Evocation = E
Terms to think about

Motivation is a state or readiness or eagerness to change (Bundy, 2004)

Ambivalence is a state in which the client wants to change and does not want to change (Carino, Coke & Gulanick, 2004)
Purpose of MI

- Understand the patients thought processes
- Identify and measure emotional reactions to problems
- Identify how thoughts and feelings interact to produce current behavior
- Challenge those thoughts and feelings
Principles of MI

Express empathy
  - Conveys acceptance
Avoid argument
  - set the stage for eliciting arguments for change from the client
Support self-efficacy
Roll with resistance
  - Resistance is a way to resolve the discomfort created by ambivalence
Develop discrepancy
4 Processes (Miller and Rollnick, 2012)

- Engaging
- Focusing
- Evoking
- Planning
Motivational Interviewing 4 Guiding Principles

To **resist** the righting reflex,
To **understand** and explore the patient’s own motivations,
To **listen** with empathy, and
To **empower** the patient, encouraging hope and optimism.
These four principles can be remembered by the acronym **RULE**

Themes

Environment
- Patients are impacted by their environment (home, work, income)

Culture
- Accepting and embracing others perspectives and beliefs

Activation
- Sense of empowerment to take control

Self-Agency
- Understanding of oneself to have influence over their motives, behavior, and possibilities

Self-Efficacy
- Confidence in self-management (predicts clinical outcomes)
We like to “fix” things!! But be Curious Instead
Assess Readiness to Change

READINESS RULER

Below, mark where you are now on this line that measures your change in ___________________________.

Are you not prepared to change, already changing or somewhere in the middle?

0 1 2 3 4 5 6 7 8 9 10
Not prepared to change Already changing

www.adultmeducation.com
## Table 1. Contrasting Communication Styles

<table>
<thead>
<tr>
<th>Standard Approach</th>
<th>Motivational Interviewing Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focused on fixing the problem</td>
<td>• Focused on patient’s concerns and perspectives</td>
</tr>
<tr>
<td>• Paternalistic relationship</td>
<td>• Egalitarian partnership</td>
</tr>
<tr>
<td>• Assumes patient is motivated</td>
<td>• Match intervention to patient level</td>
</tr>
<tr>
<td>• Advise, warn, persuade</td>
<td>• Emphasizes personal choice</td>
</tr>
<tr>
<td>• Ambivalence means that the patient is in denial.</td>
<td>• Ambivalence: normal part of the change process</td>
</tr>
<tr>
<td>• Goals are prescribed</td>
<td>• Goals are collaboratively set; patient is given a menu of options.</td>
</tr>
<tr>
<td>• Resistance is met with argumentation and correction</td>
<td>• Resistance: interpersonal pattern influenced by provider behavior</td>
</tr>
</tbody>
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### Change as a Continuum Rather Than a Discrete Event

OARS [open-ended questions; affirmations; reflective listening; summaries]

Borelli, B. 2006
Coaching Framework

8 Steps

- Establish rapport
- Setting the agenda
- Assessing readiness to change
- Sharpening the focus
- Identifying ambivalence
- Eliciting self-motivating statements
- Handling resistance
- Shifting the focus

4 Processes (2012)

- Engaging
- Focusing
- Evoking
- Planning

Steps are typically linear/may overlap

Miller and Rollnick, 2012
Skeptical?

MI has been used successfully in:

- Diabetes management
- Alcohol and Substance abuse
- Diet and Exercise
- Sleep Apnea
Motivational Interviewing (MINT) Improves Continuous Positive Airway Pressure (CPAP) Acceptance and Adherence: A Randomized Controlled Trial N=100
50 per arm
Nurses trained in MI
6-12 yrs of sleep exp
### MINT Outcomes

**Adherence Differences Between MINT and Control Groups**

<table>
<thead>
<tr>
<th>Variable</th>
<th>MINT group</th>
<th>Control group</th>
<th>Effect size (Cohen’s $d$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence (hours per night), 1 month</td>
<td>4.85 (2.55)</td>
<td>3.25 (2.83)</td>
<td>.003</td>
</tr>
<tr>
<td>Adherence (hours per night), 2 months</td>
<td>4.73 (2.62)</td>
<td>3.22 (2.76)</td>
<td>.005</td>
</tr>
<tr>
<td>Adherence (hours per night), 3 months</td>
<td>4.63 (2.69)</td>
<td>3.16 (2.69)</td>
<td>.005</td>
</tr>
<tr>
<td>Adherence (hours per night), 12 months</td>
<td>4.21 (3.25)</td>
<td>3.00 (3.18)</td>
<td>.061</td>
</tr>
</tbody>
</table>

*Note: All values are pooled results from multiple imputation analyses. MINT = motivational interview nurse therapy.*
Motivational Enhancement Therapy

Mark Aloia et al.
Numerous articles
  some open access in PubMed
  Abstracts
ClinicalTrials.gov
MI-Significant Effect-Research

- Body Mass Index
- Total Blood Cholesterol
- Systolic blood pressure
- Blood alcohol concentration
- Number of cigarettes per day

Patient Talk

Change Talk

“Change Talk refers to the client’s mention and discussion of his or her Desire, Ability, Reason, and Need to change behavior and Commitment to changing”*

Sustain Talk

Ambivalence, normal and expected

Discord

Represent interpersonal tension (fails to resist the righting reflex)

*Glovsky, 2011 ttp://www.recoverytoday.net/archive/19-june/45-motivational-interviewing-listening-for-change-talk
MI Conversations (Rollnick, 2010)

**Directing style:**

"OK, so your weight is putting your health at serous risk. You already have early diabetes. *(Patient often resists at this point.)* ... Overweight is conceptually very simple, if you think about it. Too much in, not enough out. So you need to eat less and exercise more. There no way you can get around that simple fact." *(Patient replies with a "yes, but..." argument.)*

**Guiding style:**

"OK, let’s have a look at this together and see what you think. From my side, losing some weight and getting more exercise will help your diabetes and your health, but what feels right for you? *(Patient often expresses ambivalence at this point.)* ... So you can see the value of these things, but you struggle to see how you can succeed at this point in time. OK. It’s up to you to decide when and how to make any changes. I wonder, what sort of small changes might make sense to you? *(Patient says how change might be possible.)*
**Seeing the pros and cons** (Rollnick, 2010)

"I want to try to understand your smoking better from your perspective, both the benefits for you and the drawbacks. Can I ask you firstly what you like about your smoking?" *(Patient responds. Use your curiosity to elicit a good understanding.)*

"Now can I ask you what you don’t like about your smoking?" *(Patient responds. Remember it’s their experience that counts, so avoid offering your perspective for the time being.)*

(Then you summarize both sides, as briefly as possible, capturing the words and phrases that the patient came up with.) "OK, so let’s see if I have this right? You like the fact that smoking helps you unwind and, addicted or not, you like that first smoke in the morning. On the other hand, your main concern is about its effect on your health. Is that about right? OK."
Planning

Then you invite the patient to consider the next step.

“So where does that leave you now?” (Patient usually describes readiness and any need for advice or information.)

Create a plan that the patient is comfortable with; they need to believe that they will be successful.

• Where, when, how, with whom and “the what if’s”
Assessing importance and confidence

"Would you mind if we took a moment to see exactly how you feel about using your CPAP? (An invitation promotes collaboration and patient autonomy.)

"How important is using your CPAP for you right now?" (Elicit a brief review of patient’s feelings, fears, and aspirations, then ask.)

Adapted from Rollnick, 2010
Assessing importance and confidence

"How confident do you feel about using CPAP regularly?" *(Elicit, and then summarize patient’s view of importance and confidence.)*

(Then tailor your next step accordingly—for example, if importance is low, consider something like:) "Well, do you mind if I just give you some information about how CPAP might help you, but it will be up to you to decide in the end." *(Emphasizing autonomy always helps.)*
Examples of Engagement Language

- How can I help you ...
- What would you like to change about your current situation
- Suppose you don’t change what is the worst ...
- How would your life be different if you changed ...
- Tell me about ...
- What I hear you saying is ...
- It seems as if ...
- I get the sense that ...
- A lot of people are concerned about changing ...
- It is not unusual to feel ...
Change Talk-Evoking

- Desire
- Ability
- Reasons and need to change
- Commitment for change
- Activation towards change
- Steps already taken

Key Take-Away
By evoking, the practitioner is acting as an effective change agent
Practice Your New Skills

Take ~ 5 minutes and “interview” the person sitting closest to you
Use the next set of slides provided to guide your “interview”
Assess your “interviewee’s” responses; listen for change talk
Assess your responses and your feelings;
Patient #1

Mary Jo Smith, age 56, describes herself as a happily married, African American woman.

BMI= 28, Neck size 15, post menopausal, positive Berlin; mild hypertension, non smoker

Works a sedentary job, drinks 3 cans of Pepsi in the afternoon to be alert

C/O Insomnia
Patient #1

- She completed a sleep study which demonstrated an AHI of 35.
- Prescribed continuous positive airway pressure (CPAP) therapy.
- She stated that she is not quite “ready” to initiate therapy.
Now Switch Roles
Patient #2

Jim is an unmarried, 23 year old student and works a part time job in the evenings.
BMI 25, C/O sleepiness, but attributes it to his schedule; no other medical conditions of note
Roommate states that he snores really loud
Jim joined a snoring research study at his university
Patient # 2

Jim has a sleep study which demonstrates an AHI of 40, predominately hypopneas. Recommended to try PAP. Emphatically states he “I will not wear that thing the rest of my life.”
How does it feel?
Is it comfortable?
Difficult?
Recognize your strengths and weaknesses
Do you think that this is a skill that could be a valuable adjunct to what you do as a sleep technologist? Why or why not?
Summary

MI has been used successfully in many different areas.
The technologist can impact success by employing these techniques, even during a short conversation.
Practicing these techniques will help the technologist have a better understanding of the patient.
Go With The Flow!
Resources

http://www.motivationalinterview.org/Documents/MIA-STEP.pdf

Health Sciences Institute http://www.healthsciences.org/
Certificate in Chronic Care

HealthSciences Institute's Chronic Care Professional Certification (CCP) is an evidence-based, award-winning and accredited chronic care improvement, disease management, and brief motivational interviewing health coaching and training program for nurses, case managers, physicians, and other health team members. Learn why professional choose chronic care professional certification.

Evidence-Based Chronic Care Professional Training

CCP is founded on the competency recommendations of the Institute of Medicine and World Health Organization for a 21st century health care workforce, validated in state and organization pilots, and included in peer-reviewed studies as the only nationally recognized curriculum in population health improvement.

HealthSciences also hosts a free national learning community for all clinicians and teams in wellness, disease management and chronic care improvement: Population Health.
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