Let's **talk** *about* ***it***

Motivational interviewing: a patient-centered approach to improving adherence

by Chris Linville

In a perfect world, every patient taking prescription drugs would be 100 percent adherent to his or her medication regimen. But as every community pharmacist can attest, it's far from a perfect world. They know that having all patients being adherent all the time is unrealistic, but frustration can set in when they believe they have given patients helpful information about improving their health, yet those patients still make other decisions.

"Most of the time when we call a patient 'difficult,' it is because we don't know what to do with them," Bruce A. Berger says. "We don't know how to talk to them or know how to fix them."

Berger, a pharmacist and professor emeritus at Auburn University, also holds a doctorate focused on health behavior change and health psychology. He says that health care professionals, who are highly educated and skilled, often lecture their patients on the need for adherence. That's a futile approach, he cautions.

"Telling people what to do who are not ready to do it is the worst strategy," Berger says. "It forces them to defend what they have been previously doing. So, if you tell a smoker they need to quit, they are going to tell you all the reasons they can't."

Berger says there's a better way. It's called motivational interviewing, a form of counseling that helps patients to reason their way to the conclusion that they need to change their behaviors to achieve their goals.

"The term 'motivational interviewing' is actually kind of a misnomer," Berger says. "We are not really trying to motivate patients. We are trying to understand their motivation to take medicine, lose weight, or stop smoking, to name a few. We don't try to fix people.

It's their job to save themselves, but we can influence the probability of whether they do that or not."

Clinical psychologists William R. Miller and Steven Rollnick developed motivational interviewing some 40 years ago as a drug addiction treatment tool. Berger thought that if the technique could be effective for people struggling with addiction, it might work just as well for those managing diabetes and other chronic illnesses.

For the last 30 years, Berger has been refining and spreading the gospel of motivational interviewing, because he says what's being done now isn't working. He says that no matter the drug therapy, the non-adherence rate is as big a problem today as it was in the 1970s. He also cites data from the National Center for Biotechnology Information, which show that 2017 was the first time in U.S. history that non-adherence costs exceeded $500 billion in terms of excessive physician appointments and emergency room visits.

"My contention is that the way we have trained people to talk to patients has not changed much in 40 years," Berger says. "We have paternalistic models of care where we tell people what to do, and if they don't, we blame them, but don't acknowledge our responsibility for them being non-adherent."

MAKING SENSE

Everyone is a "sense-maker," Berger says. Here's what he means: "You bring all of your life experiences and knowledge of subject matter to an experience, and you decide if what someone is saying makes sense," he says. "You CAN'T *(his emphasis)* not do it. Patients are also sense-makers. They make sense of their illnesses, like diabetes. They make sense about the treatment and

whether they believe that any of it is necessary or important."

Berger says he advocates a sense-making approach to motivational interviewing. A key, he says, is that when people are ambivalent or resistant to change, their sense-making relies on data that is often incomplete or contains errors or inaccurate information.

The first step, he stresses, is to listen to the sense-making from patients. For example, he mentions a 63-year-old male who has been prescribed medication to treat high blood pressure. The patient says, "I don't know why I need this medicine. I feel fine."

Berger says that sense leads to a conclusion, which leads to a decision about behavior. "Here's what we know. This patient's sense about his illness is what? – 'I don't need this.' Why does he say that? 'I feel fine.' The conclusion is 'Therefore I am fine.' What's his decision about behavior and medication? 'I'm not taking it.'"

REFLECTING BACK

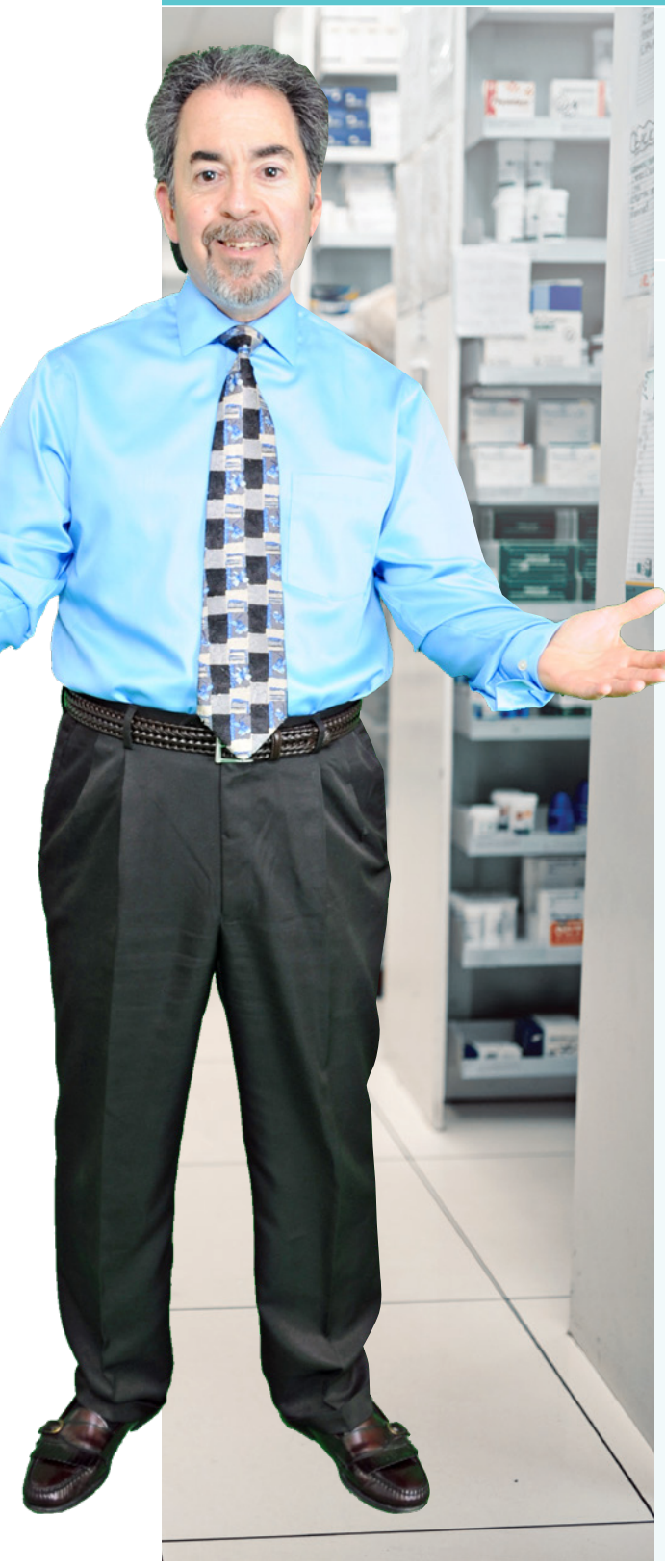
When that patient with high blood pressure says he feels fine and doesn't see the need to take medicine, instead of chastising, Berger says the practitioner should reflect back to the patient. It's basically repeating what the patient said back to him (with some modifications), to confirm what he's thinking and ideally pick up additional information.

The patient says, "I don't know why I need this medicine. I feel fine."

In response, Berger would say, "So, given that you feel OK, *you're wondering,* do you really need this medication?"

The patient replies, "Exactly."

Motivational interviewing in action



Bruce Berger, president of Berger Consulting, LLC, has been teaching motivational interviewing for 30 years. This is an excerpt from an article he wrote in which he describes a patient and how motivational interviewing was used.

A patient was called to inquire about why he is consistently 10 or more days late on a 30-day supply of his once-a-day blood pressure medication. He takes the medicine four or five days a week, but his blood pressure remains elevated. Generally speaking, the pharmacist and the physician have lectured him about needing to take the medication. The patient just nods his head whenever they speak. In the process, the pharmacist and physician learn nothing about what is important to the patient. Why does he take it only four or five days a week?

A better strategy, using motivational interviewing and positive psychology, would be to say the following to the patient: "I want to commend you on taking your medicine four or five days a week. That's an important step in beginning to control your blood pressure. What has made it easy to remember, or important to you, to take the medicine on those days?"

In this way, we actually learn something about the patient's motivation. This patient responds, "Well, I know I have high blood pressure, but I feel pretty good, so four or five days a week seems to be working." Here we learn that the patient considers treating his blood pressure to be important. Apparently, he does not understand that his blood pressure is elevated. Feeling "pretty good" has led him to believe that what he is doing works.

Here is a reasonable response to the patient: "You feel pretty good taking the medicine four or five days a week, so you're thinking, 'If it isn't broke, why fix it?'" The patient would most likely say, "Exactly!" At that point, we would say, "That makes sense. Would you mind if I shared a few thoughts with you and you tell me what you think?" After he concurred, we would say, "High blood pressure is a condition that doesn't have any symptoms. The first symptom is often a stroke or a heart attack. Even though you do feel OK, your blood pressure is still elevated.

"I know that controlling your blood pressure is important to you. Taking the medicine every day can lower your blood pressure and your risks of stroke or heart attack. Where does this leave you now in regard to taking the medicine every day?"

Notice, we don't say, "Therefore, you need to take the medicine every day." We allow the patient to draw his own conclusions. Also, telling him what to do does not allow us to learn what he thinks about this new information. Asking "Where does this leave you now in regard to taking the medicine every day?" allows us to hear how the patient has processed the new information about the relationship between taking his medicine and his blood pressure. We will know whether he accepts or questions the latest information.

Berger says that "you're wondering" is a motivational interviewing skill that lets the patient know that you're listening nonjudgmentally, and it allows the patient to correct that information if it isn't quite accurate. That sets up the next step: After the patient says "exactly," the practitioner will say, "You raise a really good question. Would you mind if I share some thoughts with you, and you let me know what you think?" That's the practitioner's chance to explain to the patient that people who are at risk of a stroke or heart attack often feel fine.

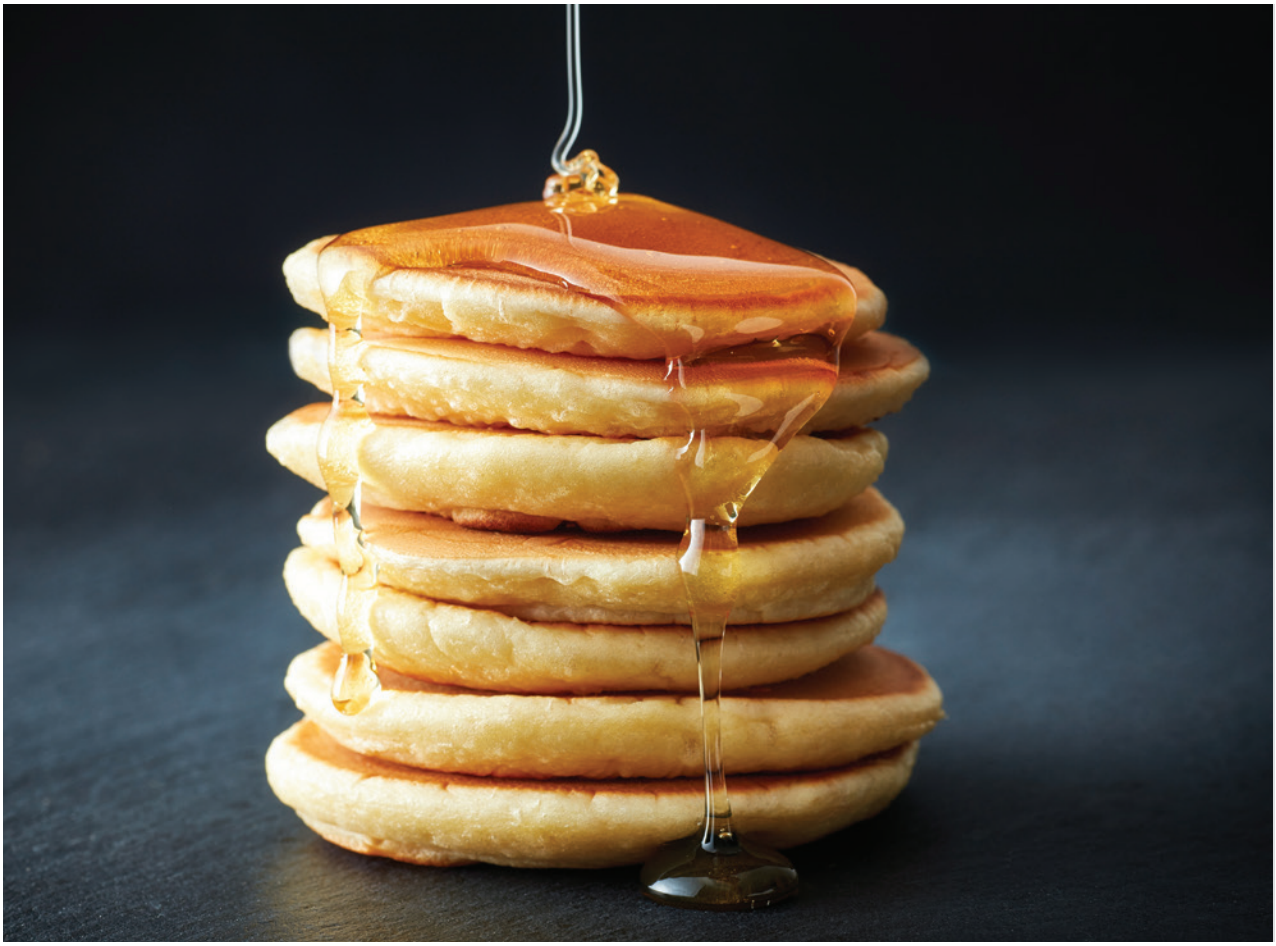
The interview technique communicates its own message. "It says, I encourage you to ask questions," Berger says. "Because how many times do patients go home with their own sense about what's going on? They haven't said anything about it, and they go home and don't take the medicine because it never came up. So when the practitioner says 'that's a great question,' it encourages patients to push back before they leave so their concerns are addressed before they become non-adherent. It does two things: it lets them know the practitioner listened without judgment, and it gives them an opportunity to offer corrections."

Talking with patients in a relaxed, conversational manner is a way to develop trust, he says. "I don't want the patient to think I'm a barrier.

"I want them to know that I'm approachable, that what they think is important to me," he says. "About 99.9 percent of the time when I ask if I can share some thoughts, they say, 'Sure.' Why? Because there is no threat."

What does motivational interviewing do?

- It accurately and nonjudgmentally reflects and explores the concerns and emotions of the patient through specific skills.
- It provides insight or new information to address those concerns in a nonjudgmental and non-threatening manner.



ADDRESSING RISKS

While empathy and reflection are helpful, Berger says it's crucial to push the conversation along and stress to patients that while they may feel fine, they are still at risk.

"Otherwise I'm wasting their time and mine," he says. He explains that high blood pressure is a condition that has no symptoms, and the first symptom often is a stroke or heart attack. "That's the really scary thing. People feel OK, and all of a sudden they have a stroke or heart attack because they haven't been treating their high blood pressure because they don't have any symptoms."

Berger then asks the patient to share his thoughts: "Where does this leave you now in regard to taking the medicine even though you feel OK?" The point, he says, is to confirm that the patient has processed the information. "I want to know how that patient has accepted the new information," he says. The patient now knows that he can feel OK but still be at risk, and that leads to thinking about taking his medicine to lower his risk of a stroke or heart attack.

And how does the patient respond? Often, he'll say, "I had no idea." Berger has made his point about addressing possible dangers without lecturing or using scare tactics. And the whole conversation can be completed in no more than two to three minutes, which is particularly efficient in a practitioner setting where time is at a premium.

CONSIDER PANCAKES

Berger says that sometimes analogies are useful in simplifying things for patients and helping them better understand their health issues. He recalls talking to a patient with diabetes who said she felt fine, and might be willing to do something, but only if she started feeling bad. Berger decided it might be a good idea to share the pancake analogy with her:

"Think about pouring syrup all over a stack of pancakes," he told her. "If you allow those pancakes to soak in that syrup, in time, they start falling apart. The same thing starts happening in your body if you have too much sugar floating around in your blood vessels and soaking your organs. That can cause serious damage over

time to your nerves, your eyes, and your legs. The point is, at the time you start feeling the damage, it's too late. It's not reversible. I don't want to see that happen to you."

Berger then asks the patient where her mindset was in terms of taking steps to control her blood sugar BEFORE she starts feeling bad.

"This was really powerful for her," Berger says. "When I told her the pancake story, she was amazed. She had never thought of it that way. But she understood pancakes and syrup."

It's wise to pick your spots about making analogies, Berger says, but when done well, they can be effective. If you create a comparison, try it out on family or friends before you try it out on a patient, he says.

SMALL STEPS

As Berger repeatedly points out, only the patient can make changes to become adherent and improve his or her health. Practitioners often interact with patients who seemed entrenched in their sense-making. In one case, Berger worked with a diabetes patient who was taking her medicine but seemed unwilling to take other actions to make the medications more effective. So, he decided to propose small steps.

"I started talking to her about things like parking her car farther away when grocery shopping and using stairs instead of an escalator to do more walking," Berger says. She was surprised that such small changes would help.

He also made some suggestions about diet. Berger says he likes cranberry juice, and that a single glass has more than 240 calories. On the other hand, lite cranberry juice has only 40 calories. "By the end of the month I had saved 6,000 calories just by doing that," he says, and that made an impression on her.

SO, THIS REALLY WORKS?

Tripp Logan, PharmD, vice president of Logan & Seiler Inc., which has two locations in southeast Missouri, says he was initially skeptical of motivational interviewing.

"My first experience with it came about 12 years ago when I was going through some diabetes educator classes," he says. "I thought it was going to be dumb. I mean, I know how to talk to patients."

By the time Logan walked out, he was sold. "I learned that you can always improve the engagement process," he says.

For a time, Logan says his pharmacy based employee raises on tenure. Now, raises and bonuses are tied to certificate programs and continuing education programs, which include motivational interviewing.

"I can tell which staff members have gone through training and which haven't, just by listening to them," Logan says. "People don't want to be told what to do. But if you come off as someone who just wants to give them information and wants to help, it's amazing how they open up. We find out about problems we otherwise wouldn't. This is applicable for me and my entire staff."

For too long, health care has been based on practitioner-centered thinking, Berger says, and that needs to change. In patient-centered care, Berger says, the patient drives the bus, and the health care team is in a supporting role trying to influence the route in a positive direction.

"Patients are an integral part of this process," Berger says. "It's their decision. No matter how much we may think otherwise, the patient decides." ■

Chris Linville is managing editor of *America's Pharmacist®* magazine.

Learn more effective ways to interact with patients through NCPA's comprehensive motivational interviewing training

The NCPA Innovation Center's comprehensive motivational interviewing training, or comMit, is a six-module e-learning program accredited for eight hours of continuing education credit for dietitians, nurses, pharmacists, physicians, and social workers. The learner has three months to complete the interactive program and receive CE credit. Learners may stop at any point in the program and return to it where they left off. Learners may also review each completed module as often as they like during the three-month time frame.

This program uses a sense-making approach to motivational interviewing that is the basis for the book, *"Motivational Interviewing for Health Care Professionals: A Sensible Approach,"* by Bruce A. Berger and William A. Villaume.

You can find out more about motivational interviewing at www.ncpanet.org. Under "Innovation Center," click "Education Opportunities."