



## Care Manager Meeting Highlights 5/17/19

Handouts from presentations are attached to email and on website (handouts and highlights under Care Manager User Group, handouts also under Care Manager Resources)

### Kevin DeBruyn presenting more on Motivational Interviewing (MI) techniques.

Introductions were made and Kevin began the meeting with a mindfulness exercise.

#### Motivational Interviewing, Part 2

Kevin began with goals for this meeting:

- Review of last MI session
- Increase empathy for those you are working with in order to increase engagement from them
- Why engagement is so critical
- Look at MI skills
  - Change Talk
  - How judgements affect process
  - Increase your own appreciation for what you do

Review of last MI meeting:

- Motivational Interviewing and how do we do it more?
- Fairytale about the King that did not want to build a float for his princess.

Judgment:

- For the purposes of this meeting/training, Kevin set up a “no judgment” area and asked participants to let him know if judgements were being made.
  - There is “judgment” in the statement “no judgment”
  - We have an idea that judgments are bad
  - Judgment is inherent, necessary and not always bad
    - We need to be able to tell when something is good, bad, wrong, right.
  - Need to be aware of judgment.
- Kevin asked if anyone made changes since the last MI meeting/training:
  - Motivated to work on changes, but no changes have been made
  - Worked more purposefully
  - Not sure if it translated into changes when meeting with patients.
  - Feeling motivated to change does not necessarily result in behavior changes.
  - If we, as professionals, are trying to make changes but are struggling to follow through developing a plan and sticking with a plan.... How hard is it for those we are working with to make changes?
  - If the perception is that what you are already doing is good and things are going well, there is little motivation to make changes
    - We have our perceptions of what is going well and what is not going well, but they may be very different than the person sitting across from us.
- Kevin asked if anyone had any ideas why after the last MI meeting/training they did NOT make any changes:
  - Comfortable with what they are already doing
  - The concepts are pretty basic and it is fascinating how hard it is to make the changes to a more focused conversation.
    - Kevin asked: what are the things that pull you away from having a more focused conversation?
      - Our brains are going one way and not focusing on other things. For example: patient’s A1C is 9.6, that is stuck in my brain and I cannot focus on anything else but getting the A1C down.
        - Hung up on clinical
      - Self-judgment, feeling as though not properly motivating someone.

- A person will change when they are ready. Motivational Interviewing is a collaborative process and you may be jumping ahead of them in the process, pulling them along instead of walking with them.
      - Why not ask them why it is not a priority to them?
      - Trying to be gentle and caring, do not want to upset patient
      - Sometimes I do ask, but not sure what to say when the patient responds that it is not a concern.
    - What do you do when a patient is not ready for a change?
    - What motivates them vs. what you think should motivate them.
    - It is very hard to find the trigger of what motivates people, your own judgment of what should motivate can be entirely different than what would actually motivate.
    - It is really important to be gentle and establish a relationship in the beginning so that they know you are there for them.
    - Hard sometimes because you may have self-expectations
    - Feel like my job is to get the patient motivated and if I don't, I am not doing my job.
- You can use MI to motivate yourself to use MI
- Change:
  - It can be hard
  - We get ahead of ourselves looking to make/see behavioral changes
    - This is not what MI is about
  - A lot is due to the perception of what the change is.
  - Perception that NO change = failure.
    - Really it is an opportunity to reflect.
- Your own barriers to make change:
  - Ability vs. Desire
  - Change talk vs. Sustained talk
  - Developing discrepancy:
    - Balancing change talk and sustained talk.
- Kevin reviewed the stages of Motivational Interviewing and did a group activity centered around these stages and where people think they are in the process (most of the group is in the first 3 stages):
  - Pre-contemplation
  - Contemplation
  - Preparation
  - Action
  - Relapse
  - Maintenance
- What Motivates Someone?
  - Kevin asked for comments around the statement: "I want to improve my MI skills: "
    - It does not make a difference
    - I at least want to say I tried
    - Fear of someone not changing
      - Allow them to feel that fear
      - At least have to try
    - Where do I learn to figure out where the person is at?
      - Feel I don't have skills to listen/ask questions when the person is not ready to change
      - Not knowing the questions to ask to motivate
  - Examples of "sustained talk":
    - Don't know if I am good enough.
    - What if I screw up?
    - What if I am not skilled enough to do it?
  - Examples of "change talk"
    - What have I got to lose?
    - I have to give it a try.
  - Motivators:
    - Seeing results

- Empower the patient
      - MI helps you help the patient to see what is in their control.
    - Discomfort with not feeling proficient would motivate me to become proficient
  - De-Motivators:
    - Not ready (patient)
    - Won't make a difference
    - Who am I to make a difference?
    - What part do I have to add to the mix?
    - Self-doubt
    - Comfort level
    - "I could do this and be proficient at this, but the "SYSTEM" is going to bring everything down and it will not make a difference"
    - Idea of "is the patient ready?"
    - What if the patient does not make a change?
- Kevin asked: What gets in the way when you are trying to use Motivational Interviewing?
  - Risky – mismatch with patient as to where they are vs. where you want them to be.
  - What if I do it wrong? Or fail?
  - Hold yourself to a higher standard, it should be perfect and it does not work out with the patient.
  - Frustrated with self
  - What patient sees as most important and what we see as most important are not the same.
  - Feel like I am doing some MI, but not all of it
  - Other topics come up
  - Difficult to focus conversation
- When the patient comes in and wants to talk about something else, they are telling you what motivates them. It might not be what you or the "system" wants them to be motivated to do. So, what do you do with that information?
  - Come back at end of session and say something like: I am supposed to be working on \_\_\_\_, \_\_\_\_, and \_\_\_\_ with you, where does that fit in with what we have just talked about?
    - Example: patient talks about grandson the whole session, but you are supposed to be working on lowering her A1C, bring it back to patient such as, "if you don't get your diabetes under control, you will not be able to spend time with your grandson".
  - Tie it back in
  - Make connections
  - May see it as two separate things, but they are really related.
- Motivational Interviewing is a collaborative process, it is not your job to make people do anything.
  - Kevin re-framed it as: My job is to help people explore options and help them make the best decision they possibly can to get them where they want to go. That might not be where I want them to go, but that is ok. As part of the process, my role is to walk with them through the changes, try to help them see things from a different perspective, but not necessarily change their minds. This takes the pressure off of me.
- Kevin closed the meeting with a challenge:
  - For those of you who are motivated, try baby steps such as: before your session with the patient, remind yourself that it is not your job to make the patient make changes, it is your job to help them explore whether they want to make a change, and when can they make the change.

**Next Meeting – all meetings Thursday from 3P – 5P:**

Aug 23

Nov 8

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