Why won't they listen!

How motivational communication can change health behaviors and improve outcomes in patients with chronic disease

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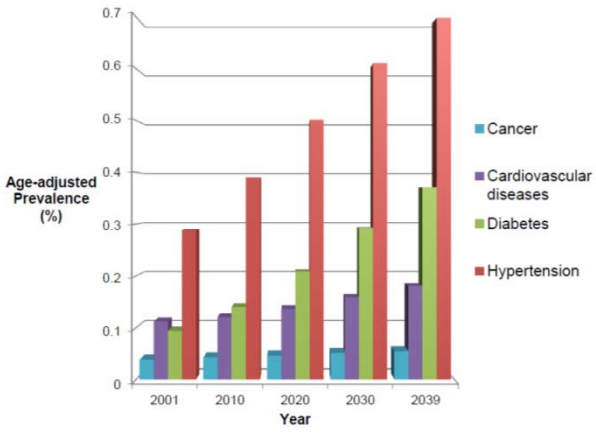
"The meaning of your communication is the response you get. If you are not getting the response you want, change what you are doing."

Laborde, 1987

The Burden of Chronic Disease in Canada



- 3/4 Canadians aged >20 have a chronic disease
- 4/5 are at risk

Centre for Chronic Disease Prevention and Control, PHAC (using data from OECD HEALTH DATA); June 2010.

Highly Influenced by a Cluster of Behavioral Risk Factors

Behavioral aspects of diabetes and CVD

- Rising obesity due to poor diet and increasingly sedentary lifestyles are contributing to a drastic rise in diabetes and CVD
- Diabetes and CVD management relies heavily upon behavioral factors:
  - Eating healthy diet
  - Regular exercise
  - Medication adherence
  - Self-monitoring

CDA: An economic tsunami: the cost of diabetes in Canada, 2009

The behavioral aspects of COPD

- COPD is associated with fixed airway obstruction causing breathlessness & functional impairment[1]
- Many COPD management strategies involve ***changing behaviour:***[2]
  - Daily adherence to medication
  - Managing exposure to known triggers (smoke, pollution)
  - Practicing good health behaviors (avoid/quit smoking; eat healthy diet; engage in daily physicial activity)
  - Practicing breathing techniques and postures
  - Enacting action plans

[1] *McCrory et al, CHEST, 2001;* [2]*Bourbeau, Lavoie & Sedeno, Semin Respir Crit Care Med, 2015*

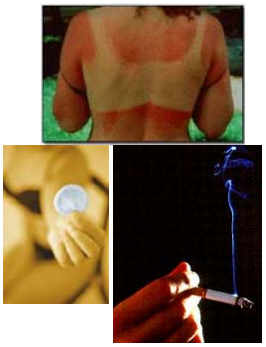
Behavioral aspects of asthma

- Asthma is associated with reversible airway obstruction (inflammation, bronchoconstriction and mucous) causing wheeze & functional impairment[1]
- Asthma control strategies all involve ***changing behaviour:***[2,3]
  - Daily adherence to controller (ICS) medication
  - Managing exposure to known triggers (dust, pets, pollution)
  - Practicing good health behaviors (avoid/quit smoking; maintain healthy weight; exercise)
  - Regular peak flow monitoring

[1]*GINA, 2014;* [2]*Lavoie et al, CHEST, 2006;* [3]*Lavoie et al, Respir Med, 2006*

Behavioral aspects of cancer

- Many risk factors for cancers are behavioral:
  - Smoking (all cancers)
  - Obesity (many cancers, e.g., breast)
  - Sun exposure (skin, melanoma)
  - Unprotected sex (cervical, throat cancer)



The Most Common Chronic Disease: Multi-Morbidity

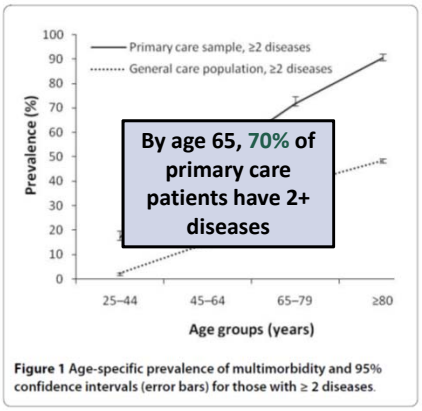


Figure 1 Age-specific prevalence of multimorbidity and 95% confidence intervals (error bars) for those with ≥ 2 diseases.

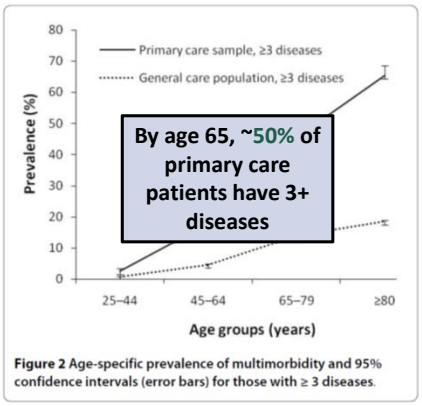


Figure 2 Age-specific prevalence of multimorbidity and 95% confidence intervals (error bars) for those with ≥ 3 diseases.

Fortin M et al. BMC Health Services Research 2010,10:111.

Objectives

- Describe the role and importance of effective provider-patient communication for chronic disease prevention and management
- Identify the most common communication traps
- Recognize the core principles and skills of motivational communication
- Describe the evidence-base for the efficacy of MC in clinical settings

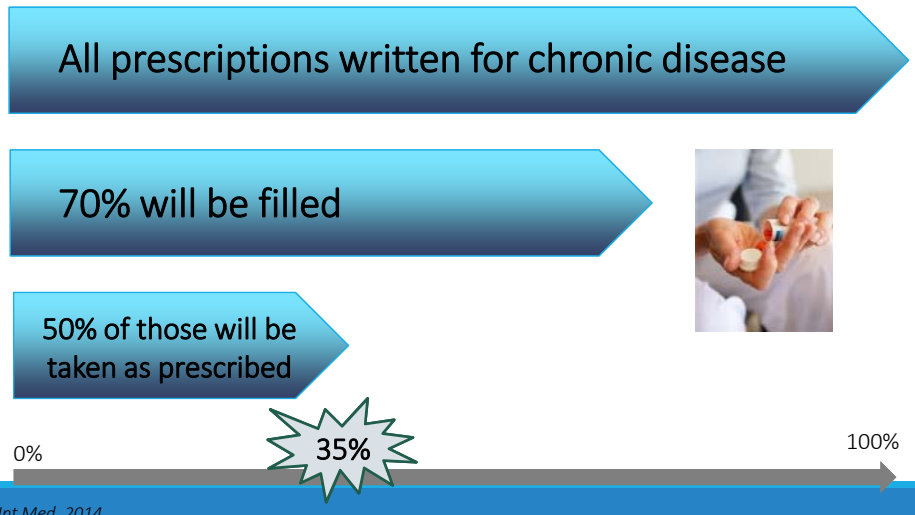
In general, what percentage of your patients follow your recommendations without much difficulty?

Why Talk About 'Communication'?

- Despite the availability of effective treatments and preventive interventions, chronic disease morbidity (and mortality) is increasing (rather than decreasing)[1]
- To be effective, appropriate treatments need to be **offered/prescribed** to the patients who could benefit AND patients need to **accept** and be **adherent** to those treatments[2]
- Are patients adherent to treatment?

[1]WHO, Preventing Chronic Disease: A Vital Investment. 2009; [2]WHO. Adherence to long-term therapies: evidence for action. 2003.

No! Patients have poor adherence to therapy



Tamblyn et al, Ann Int Med, 2014

"Adherence is the extent to which a person's behavior [taking medication, quitting smoking, following a treatment plan] corresponds with agreed recommendations with a health care professional."

World Health Organization. Adherence to long-term therapies: evidence for action. 2003.

The Challenges…

- Adherence to medical advice involves a complex interaction between healthcare provider (HCP) **communication style** and patient motivation to adopt a particular behavior
- Patients are not always motivated or willing to follow medical advice, even when there appear to be **obvious benefits**
- **Poor HCP communication style** can seriously undermine patient motivation and increase resistence (non-adherence) – which is counterproductive for both parties

Miller & Rollnick, Motivational Interviewing: Helping People Change, 3rd Ed, 2012

Importance of effective HCP-patient communication skills

- Helps regulate patients' emotions
- Facilitates comprehension of medical information
- Allows for better identification of patients' needs, perceptions, and expectations

Most physician complaints are related to issues of **communication**, not clinical competency.[1]

Source: Ha et al, Doctor-patient Communication: A review. The Ochsner Journal, 2010; 1 Clack GB et al, Med Educ, 2004

Lost in translation…

- 50-75% of information transmitted in a medical visit is immediately forgotten by the patient
- 50% of retained information is incorrectly remembered
- 30-80% of patients' expectations are not met in primary care visits, and differences in agendas and expectations often are not reconciled

The greatest problem in communication is the illusion that it has been accomplished.
- George Bernard Shaw

Source: Dr. Roy Kessels

Traditional approaches to promoting adherence

- Traditionally, HCP's have encouraged patients to adopt a particular behaviour (e.g. try a new therapy, lose weight) by giving "persuasive" information and advice
- While this works in some patients, evidence for its overall effectiveness is low at 5-10%[1,2]
- Furthermore, patients are resistant to advice when it sounds like they're being "told what to do"[2,3]

[1] Kottke et al, JAMA, 1988; [2] Britt et al, Pat Educ Counsel 2004; [3] Stott et al, Fam Pract, 1990

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Who likes to be told what to do?

Problems with Advice-Giving Approaches

- In general, they do not consider the patient's ***level of motivation*** for change
- In order to change, patients need to be ***aware of the problem***, and believe that change is both ***beneficial*** and ***possible***
- If ***your*** beliefs and arguments for change are not relevant to the patient, change is unlikely
  - Tends to elicit defensiveness and resistance

Miller & Rollnick, Motivational Interviewing: Helping people change, 3rd Ed, 2012

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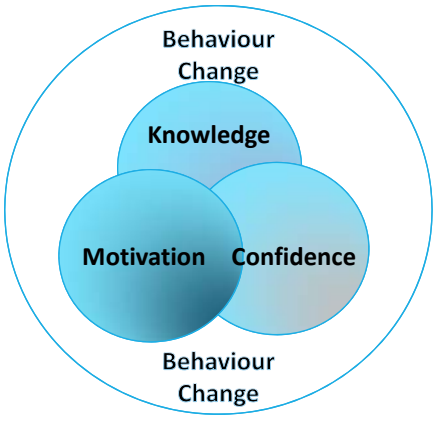
3 Main Reasons for Resistance/Ambivalence

1. Lack of knowledge/ education (about benefits, etc.)
2. Lack of motivation or desire (does not see how they will benefit)
3. Lack of confidence or skill (does not think they can do what it takes to succeed)



For the vast majority…

It's not that patients don't KNOW what to DO…

…it's that they don't DO what they KNOW

Source: Marvin Barg

Do You Believe That:

- Knowing what to do should lead to behavior change?
- Telling people what to do will get them to change faster?
- People want your advice (even when they ask for it…)?
- What is important to you is important to others?

In the Past Week, Who Has…

- Expected someone to do something because it was 'obvious' (e.g., take out the trash on trash day; be ready on time?)
- Told [your spouse, a friend, a patient] what to do?
- Given [your spouse, a co-worker, a patient] advice?
- Assumed that if [being on time, maintaining a clean house, being healthy] is important to you, then it must be importent to others?

Watch Your Assumptions!

- The patient should change
- The patient wants to change
- The patient is ready to make a change now
- Improving their health is the patient's #1 priority
- If you can't get the patient to change, the consultation has failed
- Patients need to be told what to do
- You are the expert, the patient should take your advice
- Patients want your advice

What is Motivational Communication and What Does it Do?

Motivational Communication

Collaborative

Patient-Centered

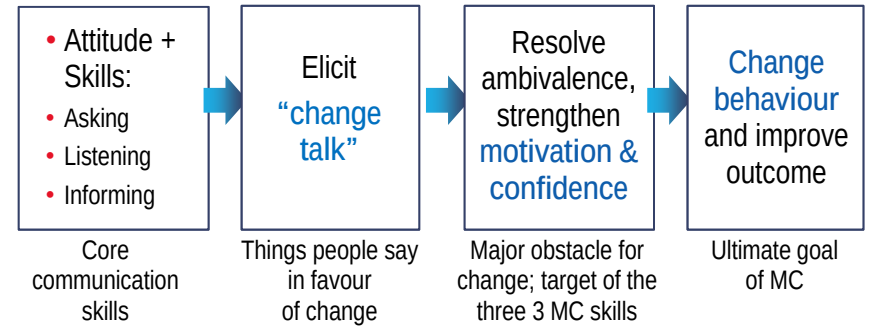
Non-judgmental

Guiding relational style/attitude

Uses 3 core communication skills
(asking, reflective listening, and informing) to engage, prepare and active patients for change

Miller WR and Rollnick S. Ten things that motivational interviewing is not. Behav Cogn Psychoth 2009;37:129–40

MC in a Nutshell



"People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come from the mind of others."

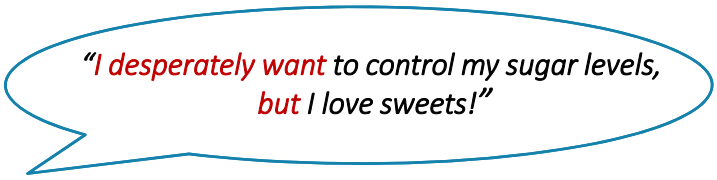
-Blaise Pascal

Common communication traps

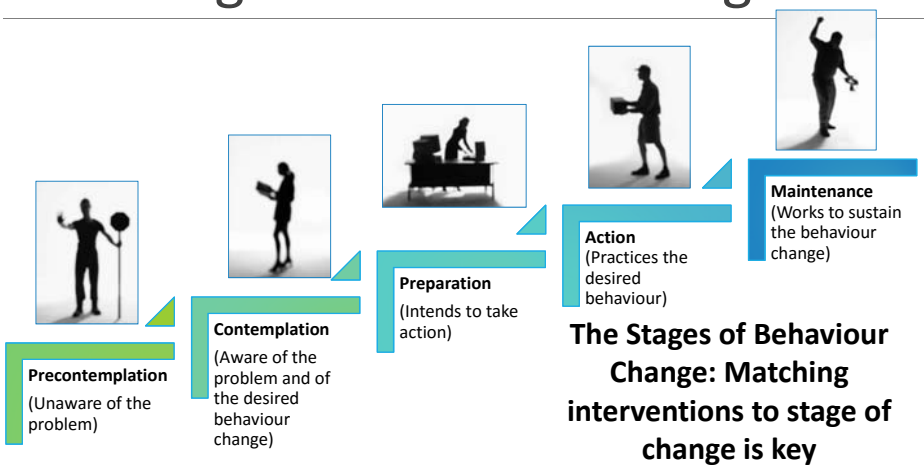
- ✓ Advice-giving is counter-productive to behaviour change
- ✓ Resisting the resistance
- ✓ The "closed question trap"
- ✓ Interruption and re-direction
- ✓ Information is imposed, poorly tailored, complex, too much
- ✓ Failure to ask for feedback

Why are Some Patients So Resistant?

- Resistance is a reflection of the discordance between an individual's current level of readiness for change and level at which the provider wants them to be
- People tend to resist (fear) what they don't know or understand, which leads to ambivalence/resistance



Assessing Readiness to Change



The Stages of Behaviour Change: Matching interventions to stage of change is key

Grimley DM, Lee PA. *Adolescence* 1997;32(128);771-9; Prochaska JO, DiClemente CC. *Prog Behav Modif* 1992;28:183-218.

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Why Is Knowing your Patient's Readiness Stage Important?

- Knowing a patient's level of readiness will help you **match your intervention** with their stage of change
- This is an unavoidable process!
  - For ex: for a patient who is "contemplating" change (thinking about it, but not yet convinced), the goal is to get them to the "preparation" stage (i.e., committed to change and devising a plan)

Activity 1: Are They Ready?

"You already went over this with me. I know I should take my medication as prescribed, but I feel fine, I am just not convinced I need it."

- Ready? 
- What stage?
  - CONTEMPLATION (aware but very resistant at the moment)
- Problem/target:
  - MOTIVATION
    - Reflect ambivalence ("*So you recognize the importance of treatment but have concerns about the treatment approach.*")

Activity 1: Are They Ready?

"I know I need to be more active and exercise more. And I have been walking, about 30 minutes a day, but maybe I should be doing more."

- Ready? 
- What stage?
  - ACTION (has already made changes)
- Problem/target:
  - CONFIDENCE
    - Reinforce good behaviour ("*It's really great that you are…*")
    - Use open questions to explore maintaining or increasing physical activity ("*What is your plan for increasing your activity to maybe 45 or 60 mins a day*?")

Activity 1: Are They Ready?

"I am really happy I quit smoking, I didn't think I could do it! It's been over 6 months now and I can already feel the effects. I just hope I can stick with it. I still get cravings and it's not always easy to resist."

- Ready? 
- What stage:
  - MAINTENANCE
- Problem/target:
  - CONFIDENCE
    - *Reflect and reinforce gains: "What a great accomplishment, and you are already feeling better, good for you!"*
    - *Build confidence: "What could you do to minimize cravings?"*

Activity 1: Are They Ready?

"I know I should take my medication as prescribed, but I can't image injecting myself. I am terrified of needles, what if I do it wrong?"

- Ready? 
- What stage?
  - CONTEMPLATION (aware but not very resistant at the moment)
- Problem/target:
  - CONFIDENCE
    - Reflect ambivalence ("*So you recognize the importance of treatment but have concerns about the fact it needs to be injected. What would it take for you to feel comfortable taking this type of medication (insulin)?*")

Activity 1: Are They Ready?

"I know I need to quit smoking; I see how it aggravates my COPD and I want to be there to enjoy my grandchildren for as a long as possible. I just don't know if I should try the patch or medication to help me quit."

- Ready? 
- What stage:
  - PREPARATION (ready and getting prepared to quit)
- Problem/target:
  - CONFIDENCE
    - *Build confidence: "Could we take a few moments to discuss the pros and cons of each approach?"*

Activity 1: Are They Ready?

"I recognize the importance of cutting down on sweets and controlling my blood sugar. I want to be there to enjoy my grandchildren for as a long as possible. I just don't know if I need to cut out sweets altogether or just eat less?

- Ready? 
- What stage:
  - PREPARATION (ready and getting prepared to quit)
- Problem/target:
  - CONFIDENCE
    - *Build confidence: "Could we take a few moments to discuss the pros and cons of each approach?"*

Activity 1: Are They Ready?

"I know you told me to monitor my glucose, but the finger pricks really hurt! Isn't it enough just to watch my diet?"

- Ready? 
- What stage:
  - PRE-CONTEMPLATION (resistant, possibly unconvinced)
- Problem/target:
  - KNOWLEDGE, MOTIVATION
    - *Give information: "Could we take a few moments to discuss how you may benefit from glucose monitoring?"*
    - *Build motivation: "What would it take for you to consider daily glucose monitoring?"*

Stages of Change: What to Expect

Pre-contemplation	Contemplation	Preparation	Action	Maintenance
Unware of the problem; pressure coming from others	Aware but not 100% convinced of the problem; ambivalent	Convinced of the problem and expresses intention to change	Experimenting with change	Maintaining change (preventing lapse/relapse)
NO intention of changing	No concrete plan of action	Has concrete plan but not yet executed	Has executed plan	Has integrated change into lifestyle

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PATIENT	Denies, minimizes, ignores, argues	"Yes, but…" "Maybe…"	"I want to because…" "I have to change…" Asks questions	Has 'determined' attitude; reports back on actions taken	Proud of achievements; wants to prevent lapse/relapse

Stages of Change: What to Expect

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YOU	"Expert trap" (arguing, confronting, giving advice) Overly reassuring ("everything will be ok") Doubting yourself (feeling helpless, incompetent) Labelling the patient (feeling frustrated)			—	—

What to do based on your patient's stage…

Pre-contemplation	Contemplation	Preparation	Action	Maintenance
Build motivation and confidence; plant seed of doubt; express your concerns	Normalize ambivalence; explore advantages of change	Clarify goals and objectives; provide information; negotiate and agree upon a plan	Problem-solve; encourage experimentation and practice; reinforce success	Identify at-risk situations; reinforce success

Core Communication Skills

ASKING, LISTENING, INFORMING

Asking

- In order to engage your patients, elicit accurate information, and motivate them to change, you must learn how to ask questions
- Remember: every question has a purpose, and some responses are entirely predictable!
  - Beware the closed question trap!

Beware the Closed Question Trap!

Closed Question:

"Are you taking your medication as prescribed?"

Open Question:

"Tell me about what you are taking to control your asthma and how often you take it."

Building motivation: Asking the right questions

- Questions should target **reasons** for, and **ability** to change
- Goal is to get patients to make **their own arguments** for change (increases the probability of change)

- Disadvantages of the status quo
  - *"What do you think your life will be like if you [don't get your diabetes/asthma under control]?"*
- Advantages of change
  - *"What would you be able to do [if you lost weight, were more active, controlled your blood sugar levels, controlled your asthma] that you have trouble doing now?"*

Questions to assess motivation…

Ask:

"On a scale of 0-10, where 0 is 'not at all' and 10 is 'extremely,' how important is it for you to [take your medication as prescribed/engage in physical activity]"

0---1---2---3---4---5---6---7---8---9---10

If a high number, you want to ask questions to ***strengthen*** reasons for change:

"Why are you at 8 and not a lower number?"

0---1---2---3---4---5---6---7---8---9---10

"Why are you at 2 and not 0?"

"What would it take/what would have to happen for your score to go up?"

NOT: "Why are you at 2 and not a higher number?"

(They will defend the status quo)

Questions to assess confidence…

"On a scale of 0-10, where 0 is 'not at all' and 10 is 'extremely,' how confident are you ***in your ability to*** *[take your medication as prescribed/engage in physical activity?]"*

0---1---2---3---4---5---6---7---8---9---10

If a high number, you want to ask questions to ***strengthen*** confidence in ability to change:

"Why are you at 7 and not a lower number?"

0---1---2---3---4---5---6---7---8---9---10

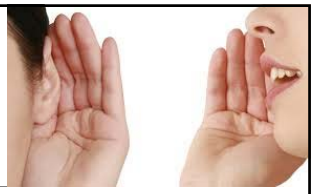
"Why are you at 1 and not 0?"

"What would it take/what would have to happen for your score to go up?"

NOT: "Why are you at 1 and not a higher number?"

(They will defend the status quo)

Listening

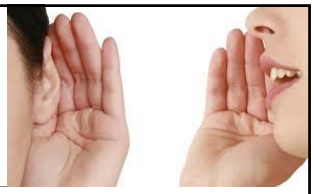


- Used to express **empathy** and **reduce resistance**[1]
  - ***Active listening*** = non-verbal cues that let people know you are listening
  - ***Reflective listening*** = reflecting back the person's needs, goals, values and issues
- Involves making statements, not asking questions
  - *"You're not ready to quit smoking?"*
  - *"You're not ready to quit smoking."*

[1]Rollnick et al, 2008; [2] Pollack et al, J Am Board Fam Med, 2011; [3]Ratanawonga et al, JAMA Intern Med, 2013

Q: When the solution seems obvious, how easy is it for you to just listen **without** trying to fix the problem?

Activity 2: Active Listening



- In groups of two, one person must listen for 2 minutes while the other person talks about their hobbies, travels, holiday plans, life views, etc.
- The listener must listen actively (using non-verbal cues) but NOT interrupt
- Then reverse the roles for 2 minutes

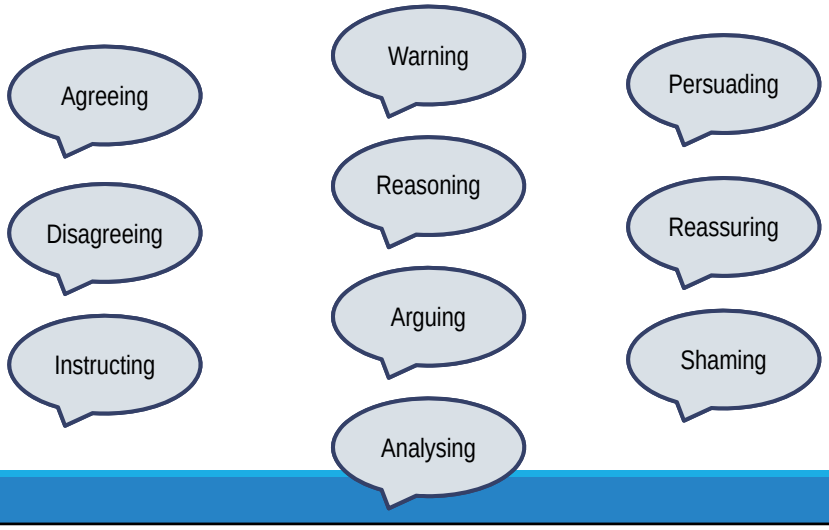
[1]Rollnick et al, 2008; [2] Pollack et al, J Am Board Fam Med, 2011; [3]Ratanawonga et al, JAMA Intern Med, 2013

Group Discussion

How did it feel to be the listener?

How did it feel to be the talker?

If You are Doing any of These Things, You are NOT Listening



Good Listening: Key Criteria

- Eye contact, facial expression, nodding
- Body attitude
- No interruption by the listener
- No external interruption (telephone, etc.)
- No judgment
- Able to reflect back what patient has said
- Leads to more focused questions and comments

"I know I need to change my diet, but food has been my best friend for years, I can't imagine giving up all those comfort foods I love. I feel like it's my only pleasure in life right now."

- **Simple**: reflect back in your own words what the patient has said (paraphrase)
- **Affective**: reflect back the emotion(s)
- **Double-sided**: reflect both sides of the ambivalence
- **Amplified:** reflect the resistance in an all-accepting way (take the side of the patient)

"I know I need to change my diet, but food has been my best friend for years, I can't imagine giving up all those comfort foods I love. I feel like it's my only pleasure in life right now."

- *"I know it's difficult but eating a healthy diet is one of the most important things you can do to manage your diabetes and prevent heart disease. We have some great diet plans we could recommend, all you have to do is give them a try."*
- *"If you know you should change your diet, it's because you are aware of the health risks. I know it's difficult but I am here to help."*

"I know I need to change my diet, but food has been my best friend for years, I can't imagine giving up all those comfort foods I love. I feel like it's my only pleasure in life right now."

- Simple: *"You recognize the importance, but you would really be giving up a lot."*
- Affective: *"It sounds like food has been a major source of happiness for you, and you are wondering what life will be like without it."*
- Double-sided: *"On the one had you see the benefits, but on the other, there is not much else to look forward to these days."*
- Amplified: *"Food is the **only** thing you have to look forward to."*

"I know I should quit smoking, but now is just not the right time. There's so much going on at work and things are really tense at home, I feel like it's my only pleasure in life right now."

- Exercise: Write two reflections from the 4 types:
  - Simple: reflect back in your own words what the patient has said (paraphrase)
  - Affective: reflect back the emotion(s)
  - Double-sided: reflect both sides of the ambivalence
  - Amplified: reflect the resistance in an all-accepting way (take the side of the patient)

"I know I should quit smoking, but now is just not the right time. There's so much going on at work and things are really tense at home, I feel like it's my only pleasure in life right now."

- Simple: *"You recognize the importance, but now is not the right time."*
- Affective: *"It sounds like things are really hectic right now, and that trying to quit smoking would only make things more stressful."*
- Double-sided: *"On the one had you see the benefits, but on the other, there is not much else to look forward to these days."*
- Amplified: *"Smoking is the **only** thing you look forward to."*

Giving information

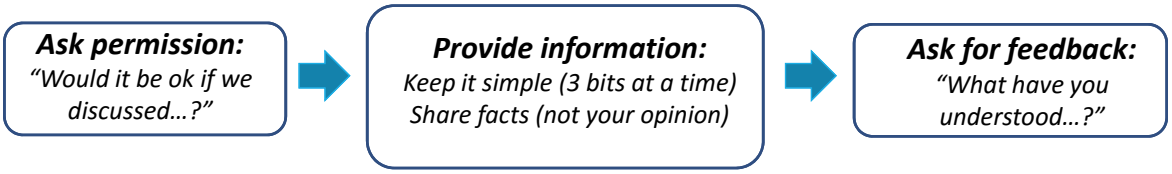
Ask permission:
"Would it be ok if we discussed…?"

Giving information

Ask permission:
"Would it be ok if we discussed…?"

Provide information:
Keep it simple (3 bits at a time)
Share facts (not your opinion)

Giving information



Helpful tips for communicating treatment benefits and risks

Avoid only using descriptive words; their meaning may differ from patient to patient

Schwartz LM, et al. Ann Intern Med 1997;127(11):966-72.; Schwartz LM, et al. Med Decis Making 2005;25(3):290-300.

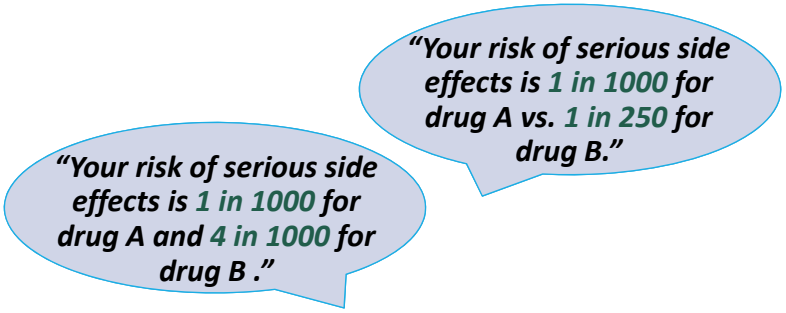
Helpful tips for communicating treatment benefits and risks

Express odds in positive terms as well

Schwartz LM, et al. Ann Intern Med 1997;127(11):966-72.; Schwartz LM, et al. Med Decis Making 2005;25(3):290-300.

Helpful tips for communicating treatment benefits and risks

When expressing frequencies, use an common denominator



Schwartz LM, et al. Ann Intern Med 1997;127(11):966-72.; Schwartz LM, et al. Med Decis Making 2005;25(3):290-300.

Helpful tips for communicating treatment benefits and risks

Make meaningful risk comparisons

"Your risk of infection is 10 times less than your risk of catching the flu this season."

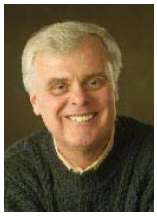
"You have a greater chance of getting into a car crash than experiencing this side effect."

Schwartz LM, et al. Ann Intern Med 1997;127(11):966-72.; Schwartz LM, et al. Med Decis Making 2005;25(3):290-300.

Case: Adherence to Lifestyle Change Recommendations

History: Mr. Jones, married, with 2 children (girls) whom he adores. Has a high stress job (corporate VP), smokes cigars and drinks heavily and often. He is obese, pre-diabetic, and had a heart attack last year. He knows he needs to change his behavior for his health and his wife encourages him to be healthy. He really cares about her and wants to please her.

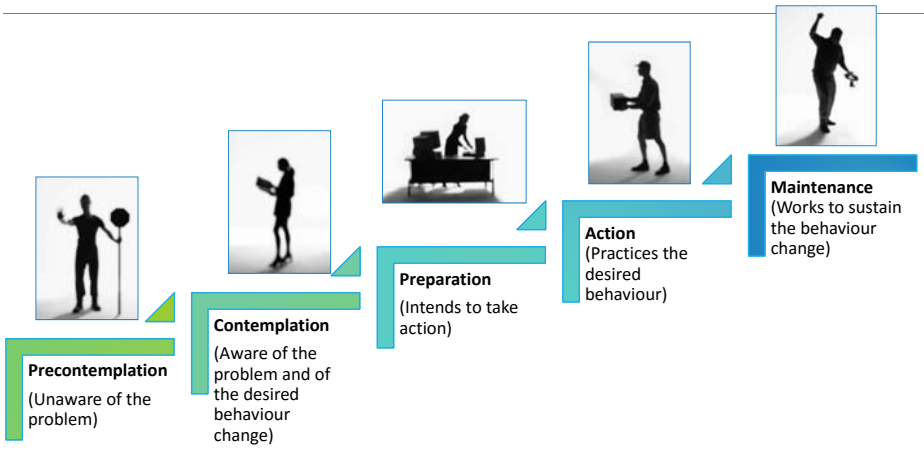
What is your approach to encourage Mr. Jones to engage in a healthier lifestyle?



Considerations

- Patient seems to be aware of the problem
- Health may not be his top priority – but explore what he does care about and leverage it
- When there are multiple targets – let the patient choose
- Things to avoid:
  - Advice giving/telling him what to do (including prioritizing the changes)
  - Arguing, lecturing, threatening, judging, shaming

What is his stage of change?



Grimley DM, Lee PA. *Adolescence* 1997;32(128);771-9; Prochaska JO, DiClemente CC. *Prog Behav Modif* 1992;28:183-218.

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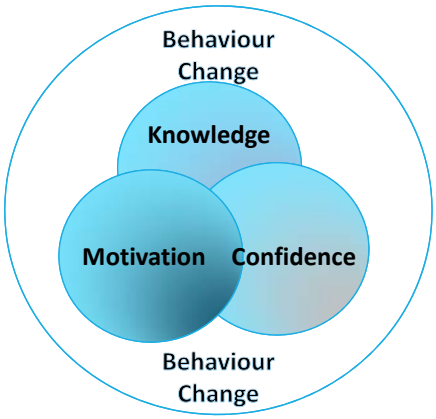
What are the main reasons for his resistance?

1. Lack of knowledge/ education (about benefits, etc.)
2. Lack of motivation or desire (does not see how they will benefit)
3. Lack of confidence or skill (does not think they can do what it takes to succeed)



Target your intervention: what is the problem?

Knowledge (solution = education)

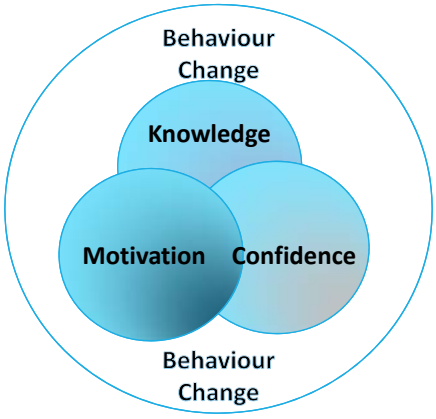
What are the benefits of…?
Would it be ok if I gave you some information about…?

Motivation

On a scale from 0 to 10 , how important would you say it is for you to …?

Why did you pick [#] and not a lower number? OR
What would it take for your [low #] to go up?

What do you see as the advantages of change? How would your life be better?



Confidence

If you decided to change, how would you go about it?

If you decided to change, what makes you think you could do it?

OR

What would it take to increase your confidence in your ability to change?

What communication tools would you use?

Group discussion

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Efficacy of Motivational Communication

"OK…but does it really work?"

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The Origin and Evolution of MC

- Based on empirically-validated behavioural and motivational strategies
- Originally developed to change addictive behaviours, but has evolved to evoke behaviour change across a broad range of clinical areas
- Since 2002, more than 25,000 articles citing MC and over 200 randomized controlled trials of MC have been published…with overwhelmingly positive results[1]

[1]*Miller & Rollnick, Motivational Interviewing: Helping people change, 3rd Ed, 2012*

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Summary of efficacy (2013 meta-analysis)

The highest quality studies indicates that MC is efficacious for:

- Weight loss (20% reduction)
- Increasing physical activity (50% improvement)
- Reducing problem drinking (> two-fold)
- Smoking cessation (35% increased probability)
- BP and cholesterol reduction (10% reduction)
- Medication adherence (large effect size)
- **Boosting engagement, confidence, and intention change (two-fold)**

Lundahl et al, Patient Educ and Counselling, 2013

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Can Physicians/HCP's Be Effectively Trained?

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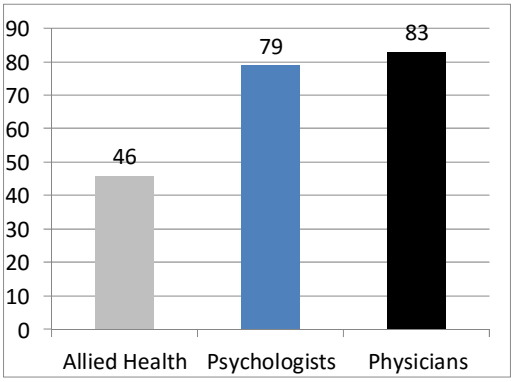
Can Physicians/HCP's Be Effectively Trained?



Percentage of studies in which MC was efficacious when used by each HCP

Rubak et al. Br J Gen Pract 2005;55(513):305-312 Percentage of studies in which MC was efficacious when used by each HCP

"Things do not change: We change"

Henry David Thoreau

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Questions from your own practice?

Summary: take away messages

- Advice-giving is counterproductive for behavior change!
- Knowledge, motivation AND confidence are necessary for change
- Be aware of patient's level of readiness for change
- Be mindful of how you ask questions (beware closed question trap!)
- Listen with your body and your mind
- Avoid interruption and re-direction (when possible)
- Ask for permission (to give information, conduct a test or exam, etc.)
- Always ask for feedback

Resources

- Rollnick, S., Miller, W.R. & Butler, C. (2008). *Motivational Interviewing in Health Care: Helping patients change behavior*. New York, NY, Gilford.
- Rosengren, D. (2009). *Building motivational interviewing skills: A practitioners workbook.* Gilford Press.
- Miller, W. R. & Rollnick, S. (2012) *Motivational Interviewing: Preparing people for change*, 3rd Ed. New York, NY: Guilford Press.

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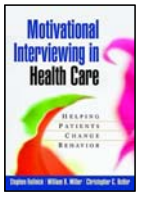

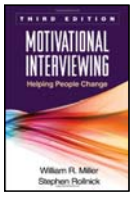

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TRAINING OPPORTUNITIES

Canadian Network for Health Behavior Change and Promotion (Can-Change)

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- www.can-change.ca