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14 An Introduction to Teach-Back and Motivational Interviewing

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Lesson 1 of 11

Introduction and Learning Objectives

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In this course, you will be introduced to the concepts of Motivational Interviewing and Teach Back technique of educating patients. These are two tools commonly used in care management conversations with patients in both Episodic and Longitudinal Care Management.

Learning Objectives

Following the completion of this course, the learner should be able to:

- Accurately distinguish between Motivational Interviewing and Teach Back™ methods.
- Demonstrate the value of MI and Teach Back™ methods in collaborative care planning to leadership and other staff members in their practice or organization.
- Strategize methods to utilize foundational skills of both methods to engage patients in collaborative care planning and self-management support.

Lesson 2 of 11

Teach-Back: Re-framing the Conversation

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In the healthcare industry, we talk about patients being non-compliant as if there is a willful disregard of the provider's instructions. While in some cases that might be accurate, the more we listen to our patients, the more we realize there are several reasons a patient may not follow provider instructions:

- Lack of information
- Lack of understanding

- Lack of confidence
- Lack of financial resources, etc.

Utilizing the teach-back technique can address the top three concerns listed by re-framing an educational conversation. Rather than testing the patient's ability to retain the information, teach-back confirms the provider's ability to effectively explain a concept or instructions to a patient.

Open-Ended Questioning

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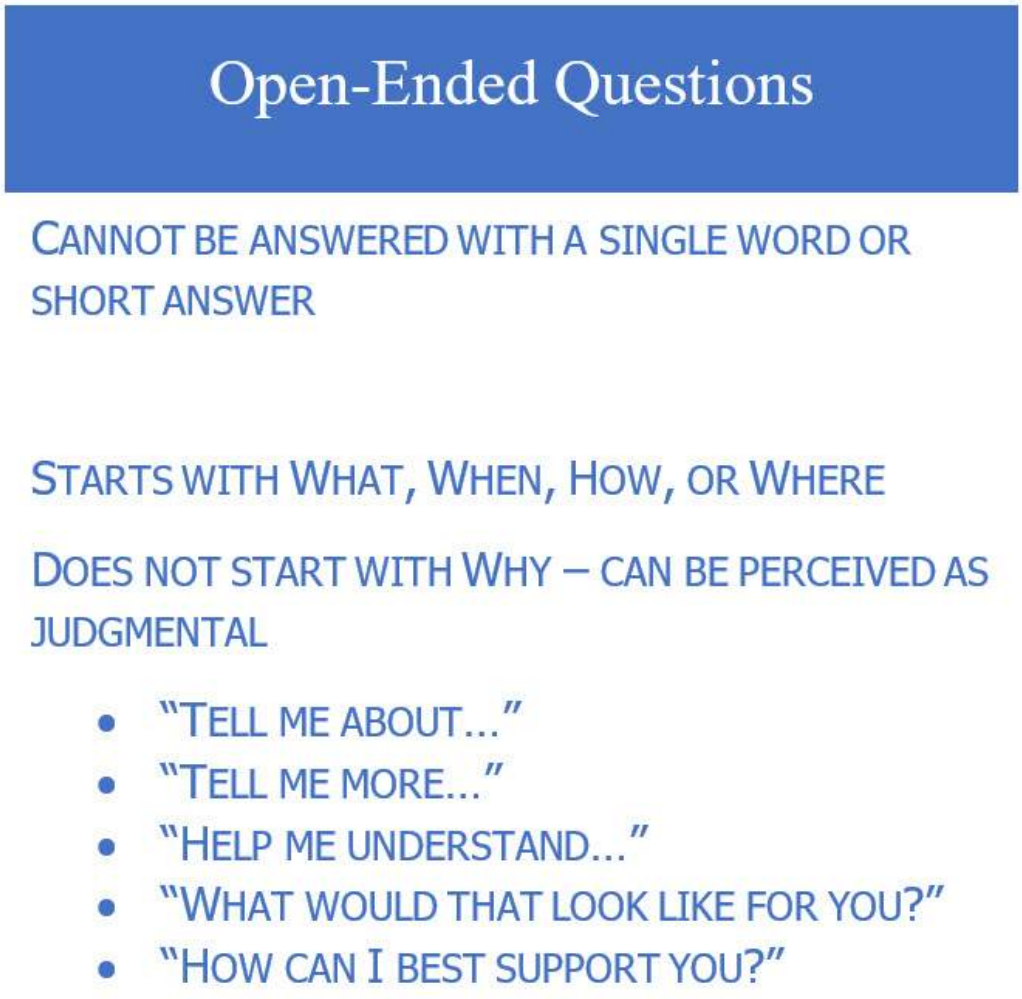
Patients referred to care management may be dealing with a new diagnosis or an exacerbation of an existing condition. Often your initial interactions are going to be focused on ensuring the patient understands their condition and what brought them to you for additional help. As a clinical professional, your instinct is to "tell" the patient what they need to know and "check for understanding" by asking:

- [ ] Do you understand?
- [ ] Do you have any questions?

The patient, wanting to tell you what they think you want to hear, will most likely respond in the affirmative and go on their way. Unfortunately, it's more likely they did not retain the information you provided. One way to ensure understanding is to ask open-ended questions such as "What questions do you have?" This invites the patient to engage in the conversation and implies that you expect them to have questions.



Key Skill:

A different way to check for understanding is to reframe the conversation. Instead of checking their understanding, you are checking your ability to effectively present information.

"So, I can make sure I explained everything correctly, will you describe to me how and when you will take this medication?"

OR

"I know your spouse/partner helps you with your care but couldn't be here today. Tell me how you will explain this to them so I can be sure I've covered everything accurately."

Rephrase, Don't Repeat

This revised approach alone does not guarantee the patient will immediately understand and retain the information provided. Clinicians sometimes present information fairly quickly and using technical jargon. To the patient, this can be overwhelming and difficult to follow. Especially if the patient is experiencing stress or trauma. It is important to use plain language and be able to present the information in different ways.

If the patient demonstrates the information was not accurately retained, say:

"I must not have explained that very well"

and present in a different way. Use written material, draw a simple image or use video to help convey the message.

An in-person demonstration is also helpful whether introducing a new device or validating the use of an existing device. If the patient is not achieving the results expected, for example, relief from asthma symptoms through the use of the inhaler, they may not be using it properly.

Lesson 4 of 11

When to Use Teach-Back

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The short answer to this question is to use teach-back with every patient, every time.

The goal is to ensure the provider is effectively communicating with the patient. This makes teach-back a valuable skill for most situations, but the list below identifies a few key scenarios:

- New or a change in medication
- Care planning and goal setting
- Explaining a new diagnosis
- Introducing a new medical device
- Discharge instructions
- Shared-decision making
- Follow-up phone calls

However, the only way to become proficient at this skill is to practice.

1. Begin practicing with your co-workers or family to get feedback and gain confidence.
2. Look for opportunities to begin using the technique with patients
3. Use it throughout the appointment on small chunks of info at a time. Don't wait until the end.
4. Set SMART goals for utilizing the technique.

- Start small – 2 or 3 patients per day
- Use the Conviction and Confidence Scale to periodically reflect on what worked well and what you would do differently.

Lesson 5 of 11

What is Motivational Interviewing?

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Motivational Interviewing (MI) is a coaching technique to help people find the motivation and commitment to change within themselves.

> "...a collaborative conversation style for strengthening a person's own motivation and commitment to change."
>
> -Motivational Interviewing: Helping People Change, William R. Miller & Stephen Rollnick (2013)

People intellectually know the changes they need to make to be healthy, to be happy. But change is hard for most people. And sometimes, they're not sure they can or want to change. Sometimes staying where they are feels easier. It's known territory.

MI was developed to facilitate more effective conversations about change. The focus is on helping people talk themselves thru change based on their own values and interests, not ours.

At the foundation of MI are 4 elements:

1. Change Talk
2. Skills
3. Principles

This will be our focus to help set the foundation for using MI in your individual roles.

Lesson 6 of 11

The Principles of MI - RULE - Resist Righting, Understand, Listen, & Empower

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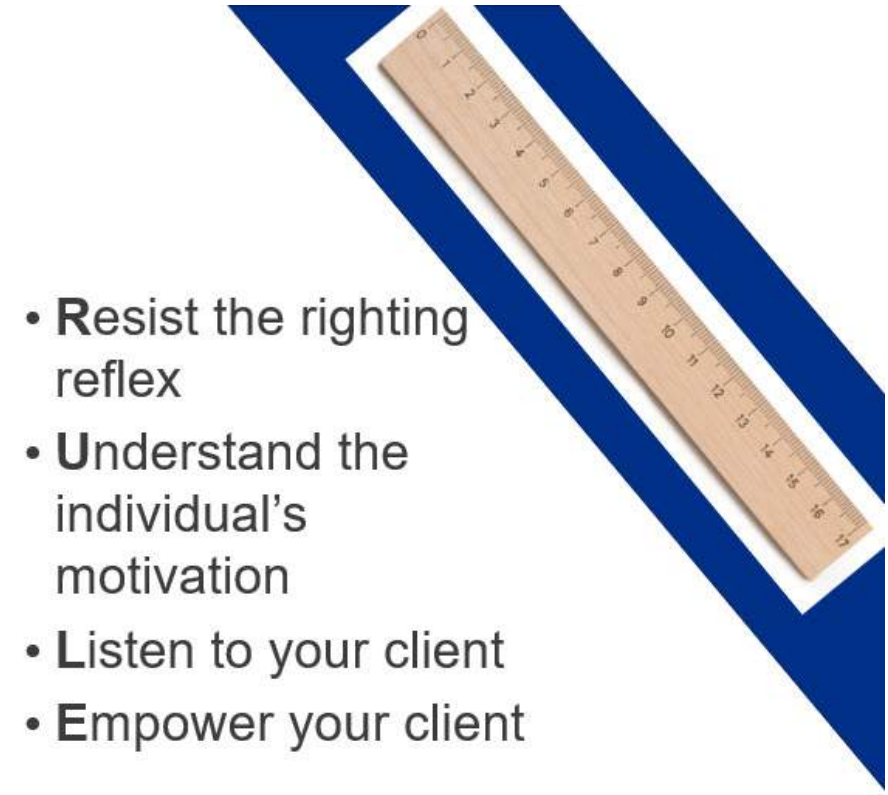
The principles of MI guide you in maintaining the spirit and prepare you for utilizing the skills.



- [ ] **Resisting the righting reflex** is especially difficult because this is what clinicians are trained to do. Nurses especially often feel a strong responsibility to educate and re-direct if a patient is making poor choices about their health. But the goal is to help the patient work through their ambivalence to change. If we continue to tell them what to do, we don't have the chance to explore their concerns, their values, their fears.

- [ ] **Understand motivations** – By resisting the righting reflex, you can begin to understand your patient's motivations. Let the patient drive the conversation and talk through his goals and barriers. This is how you'll uncover his intrinsic motivation and help him see it and build on it.

- [ ] **Listen** – When we talk about listening in any coaching encounter, we're talking about active listening. This is also why the CAPE image is important. Active listening requires the focus to block everything but the patient out of your mind. Only then can you listen for what the patient says, doesn't say, and what they mean.

- [ ] **Empower** – This is the key to driving behavior change. MI works from the belief that change comes from the patient so in order to change he or she must be engaged in the process.

So, how do we do all of these things? By utilizing the skills.

The Spirit of MI - CAPE - Compassion, Acceptance, Partnership, & Evocation

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As Miller and Rollnick were developing MI, they realized practitioners were performing the skills taught but were doing so in a way that seemed scripted and rehearsed. They had neglected to instill the spirit of MI into the trainees. They did not prepare them for the mindset and the heart-set.

Compassion

"The deliberate commitment to pursue the welfare and best interests of the other."

What better demonstration of compassion than to work in healthcare? I know it can be difficult to keep this in mind. Some patients are challenging and there are a lot of external demands that take your mind away from the patients. That's why this is so important. MI is not something that's done TO the patient, it's done WITH the patient. The desire to change has to be their own. You can help guide them there.

Acceptance

In this framework, acceptance is much more profound and involves 4 elements – Valuing the inherent worth in every human being, the ability to see and value the patient's perspective through his or her eyes, or empathy, Autonomy support or the belief that one deserves and is capable of the freedom to choose his or her own path, and Affirmation, the acknowledgment of one's strength's and efforts.

Acceptance can be most difficult when you see your patient going down the wrong path or celebrating something you don't think they should celebrate. I recall a coach telling us about a patient/client who was proud of herself because in the past week, she had only

eaten two candy bars a day. That doesn't sound like much of an accomplishment unless you know she had been eating three a day. What's more important is she set a goal and she accomplished that goal.

Partnership

As the guide, you will work with the patient to help them navigate behavior change. You will be the expert in facilitating the conversation and providing advice when given permission, but the patient is the expert on the patient. He knows what he is ready and willing to do and you can help him resolve his ambivalence, make a plan for change, and support his efforts.

Evocation

This builds on the assumption the patient knows the answers but needs help discovering them. This is in direct contrast to your training. Rather than telling the patient what to do, you ask questions to draw out the positive and negative arguments for change to reduce the ambiguity.

I have the image of the cape here because I want you to think about the Spirit as the cape you put on when you have an opportunity to use the elements of MI. It may sound a little strange but I once heard a physician tell a group that before she walks into the exam room, she visualizes putting on her cape. This allows her to put everything else aside so she can focus on the patient with these elements in mind.

Let's go through some examples of conversations, and you tell me if they are exhibiting the spirit of Motivational Interviewing.

Example Conversations:

TANYA: "They told me I have to have this surgery right away. But I don't trust them, so I haven't scheduled it yet."

CARE MANAGER: "Why take the chance? They're the experts, after all. Let's call right now – maybe you can get in this week."

ARTHUR: "I know my dad told you I'm depressed, but I'm not. Just because I don't want to play football doesn't mean I'm depressed."

CARE MANAGER: "Your father is worrying needlessly. What do you think he's seeing that makes him worry this way?

SHARON "I need to come up with some sort of plan to help me get back on track. This health crisis has thrown me for a loop. I can't think about anything else. What do you think I should do?"

CARE MANAGER: •"Well, I have some ideas about what might help, but first let me hear what you've already considered."

CHARLES: “My doctor gave me a long list of things I have to do to manage my care. It’s overwhelming. I have to take medication three times a day. I can’t even remember to feed my dog every day. I just can’t do it. But I’m afraid I’ll die if I don’t.”

CARE MANAGER: “You can do this. You have to.”

About Change Talk

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Motivational interviewing is often described as a method for helping the patient navigate ambiguity around change. While the instinct is to talk about the benefits of change that is not always enough to inspire them to action. Sometimes it's the point where staying the same becomes more uncomfortable than the discomfort and uncertainty of change. This may require you to explore the benefits of staying put. Again, for a clinician, this goes against all of your training. But remember, care planning is about the patient.

Our role as the care manager is to help the patient navigate this course into change talk – "client statements that indicate the person is oriented toward making a positive change in problem behavior. These are comments we want to listen for, attempt to elicit, and then highlight for the client as they appear to predict changes in behavior." As we describe the components of change talk, you'll notice a similarity to both patient activation levels and readiness to change stages. While these three concepts were not developed specifically based on one or the other, they are all focused on intentional behavior change.

1. First, when we say change talk we are talking about statements about change. As patients begin to overcome their ambiguity or transition from pre-contemplation to contemplation, they may begin to make statements that indicate a desire and our ability to change. They may express acknowledgment of the benefits or payoff of changing their behavior and also see the challenges ahead. As they begin to explore their ability, you have the opportunity to utilize their confidence scale to gauge how ready the feel to take action. Additionally, you can use the same scale to assess how important it is to the patient to make the change and how likely they feel they will follow through.

2. Second, the change talk is focused on specific behaviors, much like the goals we focus on in a care planning discussion. These could be small incremental goals or action steps toward a larger more long-term goal.

3. Next, ideally, the change talk is initiated by the client but it can come from the care manager. This does not mean the care manager initiates the change talk but reflects back what appears to be change talk to confirm with the patient. This is why open-ended questions, reflecting, and summarizing are so important. The patient may be moving

toward change but not recognize the switch in their desire or confidence. You, as the care manager, also act as a mirror to hold that up to the patient to validate what you're hearing.

4

Finally, change talk is focused on the present. There's an acknowledgment of impact to their present life situation which can be driving the desire to change.

Lesson 9 of 11

Change Talk: Preparatory and Mobilizing Language

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As we noted in Establishing the Patient Relationship, a patient may be ready to make changes to a single behavior at a time. And this may not match with our desire for action, however, we know the patient is more likely to be successful in making the changes they define for themselves. Our job is to identify what those changes are, confirm them with the patient, and support their efforts. In MI, we start to recognize "preparatory language" that reflect:

- [ ] **Desire** - Includes statements that begin with “I hope”, “I wish”, “I want” and other similar phrases. While sometimes overlooked or dismissed, these are public declarations which often are intentional. These are a waving of the flag to see if anyone will jump in to help.

- [ ] **Ability** - These statements indicate the patient knows what needs to change and how to get started if they can commit to doing so. Statements may sound like “I know what to do, I just need to do it”, “I just need to focus”, “I just need to commit”.

- [ ] **Reason** - Not only has the patient moved past the ambiguity of change but they now have a reason to change, “I’d have more energy”, “I wouldn’t have to worry”, “I’d feel better”, even “My friends would stop pestering me.”

- [ ] **Need** - Statements related to the need to change may surface prior to the actual reason for mobilizing. This may indicate the patient knows their current behavior cannot continue but they haven’t landed on a clear benefit. “I can’t keep going like this”, “I need to get a handle on things”, I’ve got to get better.”

  This opens an opportunity for you to explore the benefits and help them move on to commitment or mobilizing language.

- [ ] **Commitment** - Statement indicating a commitment to change include "I will", "I am going to...", "I have already started to...". These statements include action words which can vary from weak to strong but all indicate the intent to act rather than the actual action.

- [ ] **Activation** - Activation statements closely align with the Preparation stage of change in that statements indicate a willingness or readiness to change - "I'm willing to...", "I'm ready to...", "I'm prepared to..."

- [ ] **Taking Steps** - While we've started down the path of preparation, statements indicating the patient is taking steps toward change can straddle the line between Preparation and Action. "I bought a new pair of running shoes" indicates Preparation but not quite Action toward behavior change. However, "I tested my blood sugar five times this week" and "I went to a support group meeting" both indicate action toward changing their behavior.

Knowledge Check

Question

01/05

Patients who don't follow provider instructions often do so due to...

- [ ] Lack of understanding
- [ ] Lack of desire
- [ ] Lack of resources
- [ ] Lack of confidence

Question

02/05

Reframing conversations with patients is a key skill to make sure the patient understands your directions and recommendations.

- ◯ True
- ◯ False

Question

03/05

What are the foundational elements of Motivational Interviewing?

- [ ] Spirit
  Skills
  Directions
  Conversation

- [ ] Change Talk
  Principles
  Directions
  Spirit

- [ ] Change Talk
  Skills
  Principles
  Spirit

Question

04/05

In the "RULE" principle of Motivational Interviewing, what is meant by "resisting the righting reflex"?

- Listen actively
- Drive behavior change
- It's not your job to tell the patient what to do - that's what their provider is for.
- Do not tell patients where they are going wrong or redirect them because you want them to be motivated to do the right thing on their own.

Question

05/05

Ideally, change talk is initiated by the provider.

- ◯ True
- ◯ False

Knowledge Check

Question

01/05

Key components of a collaborative care plan include...

- [ ] They are built around the goals of the PCP
- [ ] It is focused on the present
- [ ] It is as simple as the patient needs it to be
- [ ] It is in clinical language

Question

02/05

When documenting care plans, write them in clinical language so the patient knows how important it is.

- ◯ True
- ◯ False

Question

03/05

What does the acronym in SMART goals stand for?

- Specific
  Measurable
  Awesome
  Realistic
  Talkative

- Specific
  Measurable
  Attainable
  Realistic
  Time Limited

- Super
  Measurable
  Achievable
  Relatable
  Timely

- Specific
  Measurable
  Awkward
  Realistic
  Timely

Question

04/05

When working to engage patients, one helpful method to achieve success is to set one big goal and two smaller goals that support the big goal.

- ○ True
- ○ False

Question

05/05

Skills that are needed for a Care Manager to be successful in Longitudinal Care Management include...

- [ ] Building relationships and trust
- [ ] Coaching the patient toward their goals
- [ ] Celebrating Wins
- [ ] When goals are achieved, make new ones