

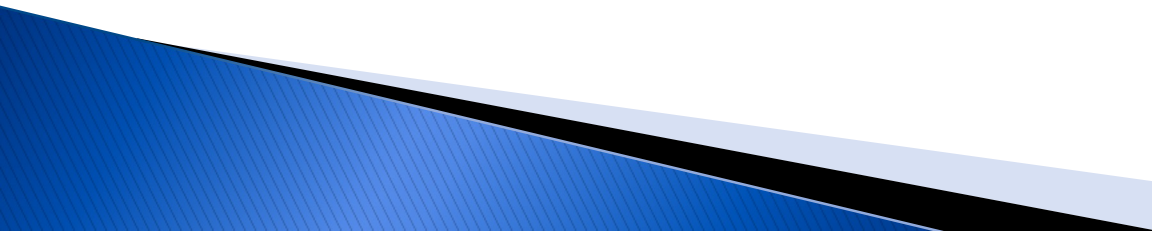
Motivational Interviewing (MI): Empowering Conversations to Encourage Diabetes Self-Management

Jan Kavookjian, PhD, MBA, FAPhA, FADCES

Associate Professor of Health Outcomes Research and Policy
Auburn University Harrison College of Pharmacy
National Diabetes Prevention Program Lifestyle Coach



Family Dynamics and Diabetes

- ▶ “Culture” within a family: scheduled or relaxed
 - ▶ Helicopter parents (and the Righting Reflex)
 - ▶ “Attention” the child/teen with diabetes receives
 - ▶ Siblings’ feelings, acting out, even changing roles depending on birth order
 - ▶ Bottom Line: family-wide stress, coping
- 

Teenagers and Complexities for Diabetes Management

- ▶ **Factor: time since diagnosis**

- Early onset vs Recent onset

- ▶ **Adolescent mindsets**

- Emerging identity, need for independence and autonomy
- Needing to be accepted and fit in with peers
- Perception of invincibility, limited vision for the future



- ▶ **Self-management is more complicated**

- Requires adult assistance with learning lifelong skills that are as important as reading, writing, and math
- Parent interactions can be the most positive OR most negative influences on empowering child/teen self-management

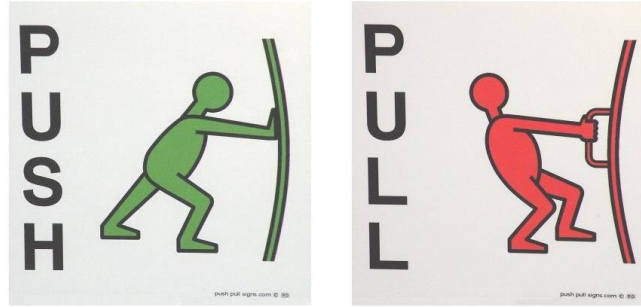
Change Can Be Hard

- ▶ It's hard for all of us – what about you?
 - Feelings (fear/anxiety, anger, unresolved grief, depression, guilt, etc.)
 - Thoughts (health beliefs, powerlessness, limited confidence, etc.)
 - Practical Barriers (literacy level, cost, access, preferences, etc.)



**Individuals must have their own
internal motivation
for change to happen and for it
to stick.**





A lot of what we do includes trying to push or pull persons to temporary change when they are not ready (external motivation).


Non-MI, Persuasion Role Play Activity

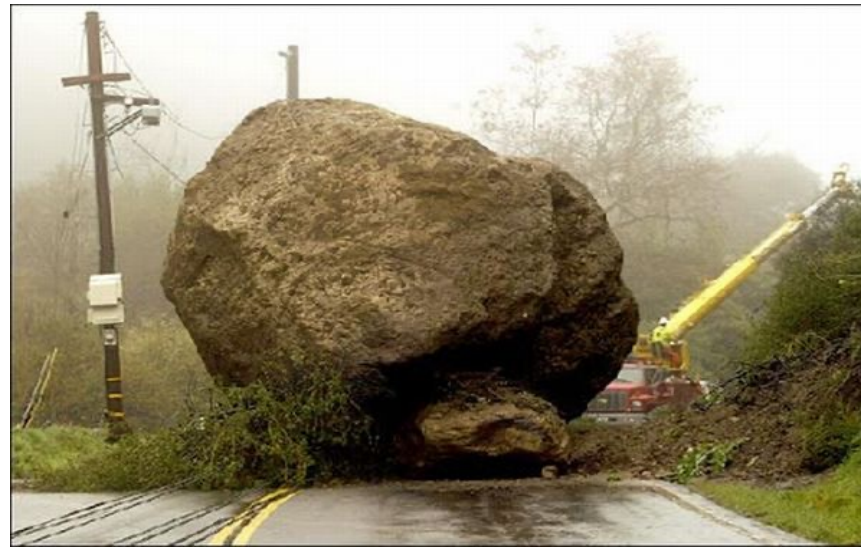
(in pairs or trios, <2 minutes each turn)

- ▶ Use your Personal Health Behavior
- ▶ Take turns being listener & person
- ▶ 1. When person: tell behavior
- ▶ 2. When listener: non-empathic persuasion
 - A. Tell why they SHOULD do the health behavior
 - B. Tell 2–3 benefits if they DO
 - C. Tell scare tactics if they DON'T
 - D. Tell your ideas how they SHOULD be able to do it

The 'Righting Reflex'

Humans have a Natural Tendency to want to HELP or FIX what's 'wrong' with others we care about.





Trying to fix what's 'wrong' with others can get in the way of them taking action towards a target behavior: doesn't respect the internal influence of individual motivations or barriers.

KEY POINT:

Interview your child or teen to elicit or guide him/her to find and express his/her own internal motivation factors: helps facilitate his/her decision-making process.

**“We tend to believe what we
hear ourselves say.”**



---Rollnick, Miller & Butler

(Motivational Interviewing in Health Care, 2008, p. 8.)

MI Assumptions


- **Foundational: Building ongoing relationship/ trust**
- **Not motivating the child/teen but helping him/her get to his/her own existing internal motivation(s)**
- **Empowers child/teen to learn how to make good choices**
- **Includes two dimensions: technical and relational**

•Naar S, Suarez M. (2021). Motivational Interviewing with Adolescents and Young Adults, 2nd Edition, New York, NY: The Guilford Press


•Kavookjian J. Motivational Interviewing. (In Richardson M, Chant C, Chessman KH, et al, eds. Pharmacotherapy Self-Assessment Program, 7th ed. Book 8: Science and Practice of Pharmacotherapy. Lenexa, KS: American College of Clinical Pharmacy, 2011:1-18.

•Miller WR, Rollnick S. (2013). Motivational Interviewing, 3rd Edition: Preparing People for Change, New York, NY: The Guilford Press.


“Spirit of MI” is the Relational Dimension

- **Collaboration, caring, non-judgmental**
 - **Person-centered**
 - **Active listening and empathic responding**
 - **Evoking/eliciting ideas from the child/teen first before giving yours**
 - **Supporting autonomy**
 - **Being positive and encouraging**
 - **Requires practice and mindful intention for most of us**
- 

MI Communication Skills

- ▶ **Express early empathy**
 - “Listening and caring”
 - ▶ **Develop awareness of differences**
 - ▶ **Avoid arguing/Roll with resistance**
 - ▶ **Support confidence and praise successes**
- 

Expressing Empathy

- ▶ **Actively, mindfully listen without interrupting**
 - ▶ **Concentrate on what the individual is expressing about their feelings**
 - ▶ **Reflect that feeling back to him/her**
 - ▶ **The person feels understood**
 - ▶ **Doesn't mean you agree, just builds support and security because you are respecting them where they are**
- 

Expressing Empathy Example

- ▶ James: “I just don’t know if I can do all this.”
- ▶ Parent: “James, you sound worried about all that you’re being asked to do. What concerns you most?”*

*Early empathy followed by open-ended exploration

Expressing Empathy Example

- ▶ **Mary: “I am so tired of these alarms buzzing in class and people staring at my sensor when I’m playing softball. I want to go off the CGM and go back to injecting myself in privacy at school.”**
- ▶ **Joe [Mary’s dad]: “Mary, you sound embarrassed, like being on a CGM is drawing the kind of attention that you don’t want. Tell me more about that.”**

Expressing Empathy Example

- ▶ **Kate (mom of Erin): “I just cannot fit all these diabetes tasks for Erin into the routine! I’ve got too much on my plate already and I don’t feel like you’re doing enough to help!”**
- ▶ **Jack (dad of Erin): “Kate, you sound overwhelmed and you feel like you’re doing most of the work. Tell me more about that.”**

Empathic Response Starters

- ▶ “You seem_____”
- ▶ “In other words...”
- ▶ “You feel ___ because ___”
- ▶ “It seems to you...”
- ▶ “It sounds like this is for you.”
- ▶ “You sound.....”

- ▶ AVOID: “I understand how you feel.”

Empathy Real Play Activity

(in pairs or trios, <2 mins per turn)

- ▶ Active listening and empathic responding about your target health behavior.
- ▶ Person:
 - 1. Remind your target health behavior
 - 2. Tell what gets in the way of doing it
 - 3. Tell how you feel about that
- ▶ Partner:
 - 1. Reflect what the behavior is
 - 2. Reflect what gets in the way
 - 3. Reflect how the person feels about it


Roll with Resistance/ Avoid Arguing

- ▶ Don't add to resistance by forcing mutual defensiveness
- ▶ Don't argue the child's/teen's barriers; forces to defend the barriers, reinforcing them for him/her
- ▶ Shift focus away from resistance; stay focused on the purpose and relevant issues
- ▶ 1. Express empathy, explore
- ▶ 2. Ask to share your concerns/worries
- ▶ 3. Emphasize personal choice (where feasible)

Example 1.

- ▶ Mae (James' mom): "You need to quit bugging me about James' diabetes -he's only 13; there's a lot of time for him to get better with this."
- ▶ Mae's mother: "It sounds like you're overwhelmed about James' diagnosis and not wanting to talk about this now. Tell me more about that."

Example 2.


- ▶ Mae: “I just don’t think it’s that big of a deal. Our family members are having challenges of their own, so I’m not going to make all these changes for all my house because of this one thing with James.”
 - ▶ Mae’s mother: “May I tell you what concerns me?”
- 

Example 3.

Mae: “All that is such a hassle and nobody else is going to like that food; I don’t see how we can do it.”

Mae’s mother: “And it really is your decision. All I can do is tell you the advantages and disadvantages of making small changes and give you my opinion. It really is up to you to decide.” [Leave the door open for future talk: “When you are ready to talk about it, let me know how I can help.”]

Support Confidence for Self-Management and Praise Successes

- ▶ Notice, support, praise child/teen attempts or even thoughts about change
 - ▶ Praise the behavior, not the person
 - ▶ Caution: over-praising sounds insincere
- 

Support Confidence/Encourage Successes

“Mary, it’s great that you manage your diabetes every day the way you planned!”

“You are well on your way to better health since you are even thinking about finding ways to get some activity into your routine, James.”

Support Confidence

“Erin, that’s great that your A1C has come down since last time! Tell me about the things you’re doing that are helping you succeed.”

Kate (Erin’s mom): “Jack [Erin’s dad], that’s great that you are thinking about finding ways to support Erin’s own decision-making about how to fit checking her blood sugar into her day!”

Setting Small Goals for Change

- ▶ **Self-confidence building through small successes**
 - Success in small things can progressively build confidence towards bigger change
- ▶ **Avoiding use of BIG words like ‘diet’ and ‘exercise’ and ‘quitting’ (smoking)**
- ▶ **Instead: ‘small changes in some of the foods you eat,’ ‘getting more activity into your routine,’ ‘cutting back on the number of cigarettes per day,’ ‘cutting one soda out of your daily routine for the next week and see how that goes’**

Strategies to Build Independence in Self-Management

- **Open-ended questions**
 - Prevents child/teen feeling judged or interrogated (“What do you hope your future will be like in 10 years?” “What have you been told about how getting activity affects your diabetes?” vs. “Did you try this?” “Have you thought about trying walking?” “Do you know?” “Why... or why not?”)
- **Permission Asking before giving advice or information**
 - “I’d like to tell you what I heard that other kids have said worked for them, okay?” OR “Do you mind if I make a suggestion?”
- **Agenda-Setting**

Autonomy Support: Agenda-Setting

- ▶ Maintains autonomy/choice
- ▶ Organizes the conversation structure, can help to gently introduce difficult topics in the 'list'

“To help keep you from being readmitted to the hospital, Erin, we can talk about small changes you can make in the foods you eat, getting more activity into your daily routine, and insulin use. Which of these would you like to talk about first?” [insulin]

‘ Now that we’ve talked about the insulin, which of the other two topics would you like to talk about next?’

Agenda-Setting Examples

“Since we only have five minutes, we can probably talk about one or two topics for healthy activities; which would you like to talk about first?”

“Mary, your doctor asked me to talk with you about how things are going with your insulin, but I want to be sure to address your top diabetes concerns first. So, which topic would you like to talk about first?”

Helping Your Child Talk About Change



(“We tend to believe what we hear ourselves say.”)

- ▶ **IMPORTANT strategy: predicts action, is at the core of deciding to change** (Miller, 2013)
 - “What do you see as the benefits (Pros) of changing?”
 - “What would you *like* about your life if this changed?”
 - “What would you like to change in order to reach your goal of keeping your blood sugar in a healthy range?”
 - “What will your life be like if your blood sugar doesn’t come down and you have to stay in the hospital again?”
 - “How ready are you to change?”
 - “How important is the change to you?”
 - “How confident are you that you can change?”
- ▶ **IMPORTANT: encourage the success of change talk when you hear it**
 - “That’s great that you know you need to stop smoking, James.”

Eliciting DARN Change Talk

- ▶ Desire: “What do you wish to achieve by using your insulin as prescribed, James?”
- ▶ Ability: “Erin, what is possible? What can or could you do? What are you able to do?”
- ▶ Reason: “James, what would be reasons you might make this change? What could be some specific benefits? What risks would you like to decrease?”
- ▶ Need: “How important is this change, Mary? How much do you need to do it?”

Readiness Ruler (OR, Importance, Confidence)



- ▶ **“James, on a scale from 1 to 10, with 1 being not at all and 10 being completely, how ready are you to help your diabetes by cutting down on the number of Dr. Sugar drinks you have each day?” [7]**

- ▶ **1. “Okay, a 7, that’s great! Why a 7 and not the minimum, a 1?”**
(Identify motivators and support that it’s a 7 and not a 1)

- ▶ **2. “What would have to happen for that 7 to become an 8?”**
 - Change Talk, motivators, incremental expectations

Honesty & Assertiveness = Trustworthiness

“James, your 9.0% A1C is a little high”

vs.

“James, your A1C is 9.0% and this is high. The guidelines say it should be below 7.0% to reduce risk of complications. What are your thoughts about that?”

Assertiveness = Confidence

“James, it’s time to check your sugar, okay?”


Vs.

“James, it’s time to check your sugar.”

Assertiveness Skill

- ▶ **The Broken Record:**
 - Firmly repeat while looking the child/teen confidently in the eye and maintaining a calm, conversational voice tone:
- ▶ **“We are not going to consider any changes in your CGM until after school is out.”**
- ▶ **“We are not going to consider any changes in your CGM until after school is out.”**
- ▶ **“We are not going to consider any changes in your CGM until after school is out and I’m not going to change my mind.”**

Focus on Behavior not Person

- ▶ **“You are late checking your sugar” vs “sugar still needs to be checked”**
 - ▶ **“You didn’t pack your supplies” vs “supplies aren’t packed yet”**
 - ▶ **“You forgot your lancets” vs “lancets are still on counter”**
- 

How to Get Started: Tell your Child/Teen about Making Changes in Communication

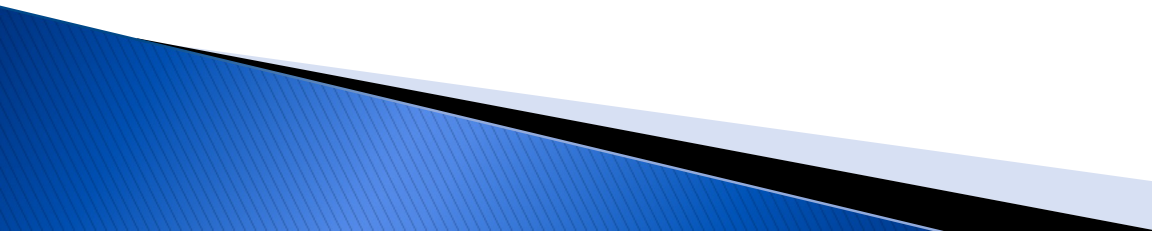
- **Tell why you care about the outcomes of his/her diabetes**
- **Express your caring and concern**
- **Tell that you realize he/she needs to learn to take care of him/herself and that your role is to be facilitator or coach**
- **Give your overall philosophy for facilitating or coaching**

“It is my hope that you experience feeling *encouraged* instead of *discouraged*.”
- **Tell that your role as facilitator or coach means that sometimes you will have to help guide your child/teen back on track to support positive outcomes now and in the future**

Additional Tips for Success

- ▶ Remind yourself: children/teens are ‘persons-in-development’
- ▶ Be aware of your Righting Reflex
- ▶ Be aware of what you do when you are afraid
- ▶ Express your expectations up front
- ▶ If there are two parents, together or apart, commit to being a united front
- ▶ Allow your child/teen to make small mistakes and experience consequences (within reason)

Additional Tips for Success

- ▶ **Decide to focus on praising the positive rather than criticizing the negatives – Decide to be an ‘encourager’**
 - ▶ **Most kids learning to manage T1D do better in structured vs unstructured routine**
 - ▶ **Help them form habits by tying tasks to something they’re already doing**
 - ▶ **Make time for yourself – getting depleted makes you less effective**
 - ▶ **Find friends/support for yourself AND for your child/teen**
- 



References

- ▶ Naar S, Suarez M. (2021). Motivational Interviewing with Adolescents and Young Adults, 2nd Ed. New York: Guilford Press.
- ▶ Miller WR, Rollnick S. (2013). Motivational Interviewing, 3rd Edition: Preparing People for Change, New York: Guilford Press.
- ▶ Steinberg M. (2016). Motivational Interviewing in Diabetes Care. New York: Guilford Press.
- ▶ Kavookjian, J. Motivational Interviewing. In Richardson M, Chant C, Chessman KH, Finks SW, Hemstreet BA, Hume AL, et al, eds. Pharmacotherapy Self-Assessment Program, 7th ed. Book 8: Science and Practice of Pharmacotherapy. Lenexa, KS: American College of Clinical Pharmacy, 2011:1–18.
- ▶ Spring K, Kavookjian J^S, Carroll A, Wadsworth DD. Benefits of motivational interviewing on adolescent physical activity: A systematic review. *Journal of Physical Activity Research* 2022; 8(2): 89–97. doi: 10.12691/jpar-7-2-3
- ▶ Suire K, Kavookjian J^S, Wadsworth D. Motivational interviewing impact on overweight children: A systematic review of randomized controlled trials. *Pediatrics* 2020; 146(5) e20200193; DOI: <https://doi.org/10.1542/peds.2020-0193>
- ▶ Kavookjian J^S (corresponding author), Cox C, LaManna J, Davidson P, Ekong G, McDaniel CC, Fahim SM, et al. Diabetes education impact on quality of life outcomes in youth with type 1 or type 2 diabetes. *The Science of Diabetes Self-Management and Care* 2022; 1–31. <https://doi.org/10.1177/26350106221115450>.
- ▶ Schaefer MR, Kavookjian J. The impact of motivational interviewing on adherence and symptom severity in adolescents and young adults with chronic illness: A systematic review. *Patient Education and Counseling* 2017; 100(12): 2190–2199.
- ▶ Rubak S, Sandboek A, Lauritzen T, Christensen B. Motivational interviewing: a systematic review and meta-analysis. *BJ Gen Pract*, 2005; 55: 305–312.
- ▶ Ekong G, Kavookjian J. Motivational Interviewing in adults with type 2 diabetes: A systematic review. *Patient Education and Counseling* 2016; 99(6):944–52.

Jan Kavookjian, PhD

Associate Professor

**Department of Health Outcomes Research & Policy
Auburn University Harrison College of Pharmacy**

kavooja@auburn.edu