

InnOVATIONS:

Recognizing Advances in Health Care

An Issue Brief from the St. Louis Area Business Health Coalition

Motivational Interviewing: Listening Brings Change

Engaging patients in successful behavior change is one of the biggest challenges facing health care providers, particularly those seeking to provide more patient-centered, results-oriented care. Learning motivational interviewing helps providers have the skills to inspire change in their patients. A program through the Maternal, Child and Family Health Coalition supports a wide range of providers in learning these techniques and applying them in their practices.

Nationally, one in 10 women suffer from depression during or in the weeks immediately following pregnancy, a time known as the perinatal period. This rate more than doubles for urban, rural and minority women whose children are already at high-risk for health disparities. Women with mental health conditions are also more at-risk. For pregnant women, depression negatively affects fetal weight and development. Women suffering from depression after birth may have more difficulty interacting with their infants, which may inhibit babies' development for years to come.

These risks tend to decrease when treatment is received and symptoms subside. However, connecting women to treatment can be challenging. An extensive needs assessment in the St. Louis region was conducted by the Maternal, Child and Family Health Coalition (MCFHC), a non-profit organization that connects maternal-child health professionals and supports related projects with funding and expertise. The assessment identified inadequate screening of depression as a major barrier. In women identified as potentially needing help, too often referrals were ineffective and women fell through the cracks. With funding from the St. Louis Mental Health Board, MCFHC created an intervention that would help a variety of service providers from pediatricians to social workers to health educators effectively identify women suffering from depression and connect them to services. As a result of these grants, approximately 3,000 pregnant/postpartum

women will be screened for depression and it is anticipated that more than 700 women will receive referral/treatment.

Another aspect of the program connects providers to valuable training in motivational interviewing. MCFHC partnered with the St. Louis Center for Family Development to create and deliver the training. The nearly year-long learning opportunity requires grantees to complete a comprehensive educational program in motivational interviewing, a tool designed to help them better engage their patients and clients in dialogue around a range of topics including depression, weight management and smoking. While the specific focus is on better identifying and referring new and pregnant moms for depression services, the program's curriculum is designed to give providers broad, fundamental skills in motivational interviewing that they can utilize in their work and teach colleagues the same skills.



Ryan R. Lindsay, LCSW, and Clinical Director of the St. Louis Center for Family Development.

"It's fun for me to see doctors who have been trained to be so physical assessment focused to start thinking differently," said Ryan R. Lindsay, LCSW, and Clinical Director of the St. Louis Center for Family Development. "What I've seen is a movement from seeing people as patients to seeing patients as people."

The goal is not for a pediatrician to diagnose and treat a new mom for depression during a 15-minute infant well visit, Lindsay said, but rather to identify parents who may be in need of services and make meaningful and effective referrals.

Motivational interviewing skills can be used in a range of settings from health care to executive management. The underlying concept involves using specific language and discussion techniques that support individuals in exploring and communicating their motivation to change. A key goal is to encourage a client or patient to talk about the upcoming change. With this in mind, trained motivational interviewers allow the participant to do most of the talking. The more the participant talks, the more likely they are to talk about change, how the change would better reflect his or her current values and the obstacles and barriers that may inhibit their change. Then the provider can address specific issues and assist the patient in finding a course of action most likely to fit with their interest and life circumstances. Over time, the provider continues to offer support, holding the patient's desired change or vision for a better life central to his or her therapy goals.

The motivational interviewing training includes 16 to 20 hours of basic instruction followed by six months of targeted skill development and group and self-study. For example, providers meet in training teams about once a month to talk about how they are applying the skills to their work and they tape record interactions with patients so Lindsay can provide feedback.

Rodney Watts, a health educator with the St. Louis City Department of Health, said he is already using the training in his work. It's helped him understand the need to step back and allow clients to do more of the talking.

"A lot of times I want to control the conversation," Watts said. "Since taking motivational interviewing, I've learned to back off and ask them open-ended questions based on the information they give me. I came in thinking, 'I'll just teach them all this stuff.' Now, I realize it's a lot more than that."

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