Communicating with Older Adults & Motivational Interviewing

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Disclosures

I have no relevant financial disclosures relative to the content of this presentation.
Learning Objectives:

At the conclusion of this application-based activity, participants should be able to:

1. Identify factors that can influence communication with older adults.
2. Identify barriers that can interfere communication with older adults.
3. Describe strategies to avoid or manage communication barriers.
4. Apply principles to a geriatric patient case.

Communicating With Older Adults
Road Map
Communicating With Older Adults

1. **Dispelling Myths**
2. Why is it important...?
3. Barriers & Strategies
4. Tips for Senior-Friendly Materials
5. Motivational Interviewing

Fact vs. Fiction
Communicating with Older Adults
Perception
Communicating with Older Adults

**Communicating with Older Adults: Fact vs Fiction**

Audience Response
Communicating with Older Adults

1. Older adults find it easier to hear and understand female voices
   a) True
   b) False
2. Which of the following fonts may be more difficult for an older adult to read?
   a) Serif (i.e. Times New Roman, Georgia, etc.)
   b) Sans Serif (i.e. Arial, Tahoma, etc.)

3. Text in this particular color can be difficult for older adults to read.
   a) Red
   b) Blue
   c) Orange
   d) Black
4. It is more difficult for older adults to learn new information.
   a) True
   b) False

Road Map
Communicating with Older Adults

① Dispelling Myths
② Why is it important...?
③ Barriers & Strategies
④ Tips for Senior-Friendly Materials
⑤ Motivational Interviewing
Rationale
Communicating with Older Adults

- Pharmacists play an important role
  - Building an ongoing relationship
  - Medication therapy management

- Principles of effective communication are similar

- A very critical and complicated process
  - Physical and psychological barriers
  - No one best practice
  - More complicated with impairments

Audience Response
Communicating with Older Adults

- Why do we need to communicate effectively with older adults and their caregivers?

  - Older adults are a growing segment of our patient population
  - It is our responsibility to provide care
  - Managing drug therapies is a challenge
  - Older adults are the most important member of the team in optimizing their health outcomes
  - Physicians and other providers may not have time
Road Map
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• Stereotyping
  - Diseases and pain are inevitable in old age
  - Older adults are abandoned, mistreated and lonely
  - Depression, anxiety or cognitive impairment are to be expected
  - Receiving 12 medications is normal for older adults
  - Older adults are chatty. They will talk your ear off.
Physiologic Barriers
Communicating with Older Adults

• Vision Impairment
• Hearing Impairment
• Cognitive Impairment
  (memory & learning)

Physiologic Barriers
Vision Changes with Aging

• Reduced visual field and acuity
  - Need more light for visual acuity
  - Decline in the ability to see fine detail, distinguish depth,
    and adapt to changes in brightness
Physiologic Barriers
Vision Changes with Aging

- **Reduced color sensitivity**
  - Lens opacity changes affect perception of colors and textures
  - Frequently, older adults have difficulty discerning colors in the green-blue-violet range

- **Increased sensitivity to glare**
Strategies
Visually Impaired Elders

• **Large type for Rx labels**
  - Leave off tape (glossy finish)

• **Handouts**
  - Large print
  - Contrasting background
  - Nonglare finish (black print on pastel paper)

• **Read aloud instructions on OTC labels**
  - Can print out key instructions in larger font

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Strategies
Visually Impaired Elders

• **Bright lighting**

• **Color code medication containers**
  - Can distinguish bright colors better than lighter

• **Encourage use of divided pill containers**

• **Introduce yourself each time you meet, facing them directly**
Physiologic Barriers
Hearing Loss with Aging

• **Suspect hearing loss when:**
  - Seems inattentive
  - Turns one ear to speaker
  - Requests repetition
  - Speaks too loudly
  - Fails to follow directions
  - Responds inappropriately
  - Avoids communication with others

Strategies
Hearing-Impaired Elders

• **Do Not Shout!** Speak distinctly and with slight increase in volume
  - Women – lower pitch, hearing loss usually higher frequency

• Speak slowly, clearly with pauses
  - Gives time for patient to process

• Use gestures, pictures, and visual aids

• Provide as much privacy and quiet as possible
  - Minimize background noise and participation in other conversations simultaneously
If you’re working with an older adult wearing hearing aids, what is an easy way to determine if they are working correctly?

Physiologic Barriers

- Decline with age, mostly due to slowing of cognitive processes
  - Takes longer to learn new information & respond to questions
- More difficulty noted when division of attention is required
- More difficulty ignoring irrelevant information
Strategies
Memory & Learning

• Categorize information
  - “First, I would like to go over directions for use.... Next, I would like to discuss possible adverse effects...”

• Make information as concrete as possible with specific instructions
  - Visual aids or demonstrations help

• Help identify events that occur consistently in daily routines that can be cues for when to take medications (e.g., w/meals)

Strategies
Memory & Learning

• Use simple words & short sentences
  - No medical jargon
  - 35%-87% of patients do not understand Rx instructions (but may be afraid to ask)

• Give reasons for advice

• Do not overload patients with information

• Do not use scare tactics
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National Institute on Aging
Tips for Senior-Friendly Materials

- **Be direct, specific, and brief**
  - Break lengthy documents into sections
  - Break large sections into small ones
  - Number of key points per section
  - Use short sentences
  - Avoid inferential statements

- **Offer clear and manageable action steps**
  - Offer 1 – 2 action steps at a time
  - Sequence and numbering make difference
  - Positive statements avoid “illusion of truth”
National Institute on Aging
Tips for Senior-Friendly Materials

- **Use active voice**
  - Help the patient focus on actions

- **Support information with real stories**
  - Avoid examples that may not seem clearly relevant

- **Use illustrative pictures when possible**
  - No complex diagrams, charts or statistics

- **Repeat your main points by the end**
  - Reinforce by recalling questions and answers

- **Put your key points up front**
  - Do not bury the important messages

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Content
Senior-Friendly = Content + Style

- **Font type**
  - **Use** Serif typeface (Illusionary tail)
    - Times New Roman
    - Georgia
  - **Avoid** sans serif and novelty typefaces
    - Arial
    - Tahoma
    - Chiller

- **Font size**

- **Formatting**
  - Do not use ALL CAPITAL LETTERS or all small letters
  - Limit the use of **bold**, *italics* and underlining
  - Avoid yellow, blue, green
Senior Friendly
I think Not....

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Background
Motivational Interviewing (MI) Training

- Developed by clinical psychologists William R. Miller and Stephen Rollnick
- Client Centered Care
- Research
  - Confrontation, External Pressure
  - Collaborative Problems Solving
  - Correctional Facilities
- Applications
  - Wide range of applications
  - Not provider specific (e.g., counseling, dentistry, medicine, nursing, nutrition, pharmacy, social work)
  - Additive effect with other therapy models

“In the 21st century, health care is increasingly about long-term condition management and thus about health behavior change—those things that people can do to improve their health.”

-Rollnick, Miller, & Butler, 2008
Behaviors to Improve Health

MI Training

- Medication adherence
- Entering, staying in, and completing treatment
- Adherence to glucose monitoring and improve glycemic control
- Increased exercise
- Reduced sodium intake, unprotected sex, and needle sharing
- Decreased alcohol and illicit drug use
- Quitting smoking

Many interventions try to push or pull patients to temporary change when they are not ready (external motivation)

Patients must have their own internal motivation for change
Motivational Interviewing “works by activating patients’ own motivation for change and adherence to treatment.”

-Rollnick, Miller, & Butler, 2008

The Basics

MI Training

• MI Definition
  • A gentle, client-centered counseling approach that uses patients’ own motivation and commitment to explore and resolve their ambivalence about behavior change

• Assumption
  • Different levels of readiness for change
    • Ambivalence about change
    • Change oscillates
Behaviors to Improve Health

The Process

• Identifying behavior(s) that contribute to poor health

• Motivating for change
  • Recognizing Readiness
  • Eliciting Change Talk
  • Making a Plan

4 Principles – “The Spirit”

MI Training

• Resist the Righting Reflect/Roll with Resistance
• Understand the patients motivations
• Listen with Empathy
• Empower the patient/Support Self-Efficacy
4 Principles
Principle 1: Resist the Righting Reflex/Roll with Resistance

- Use understanding, empathy
- Get clarification
- New perspectives are invited, not imposed
- Don’t give patient a reason to resist more
- Resistance is a signal to respond differently
- Repeat back your understanding
- The patient is a primary resource in finding answers and solutions

4 Principles
Principle 2: Understand the Patient’s Motivations
4 Principles
Principle 3: Listen with Empathy

• **Purpose**
  - Elicit Change Talk

• **Use Reflective Listening (3 Levels)**
  - Level 1: Repeat
  - Level 2: Rephrase
  - Level 3: Paraphrase

• **Level 3: Paraphrasing**
  - Continuing
  - Amplified Reflection (taking it to the extreme)
  - Double Sided Reflection
  - Metaphor & Simile

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4 Principles
Principle 3: Listen with Empathy

• Confront, but don’t argue
  - Argumentation forces people to defend the behavior you are trying to change
  - Feelings aren’t arguable
  - Sets you up as being on “their” side
4 Principles
Principle 4: Empower the Patient

- The patient is responsible for choosing and carrying out change
  - A patient’s belief in the possibility of change is an important motivator
  - Notice the positive, including statements, not just behaviors
  - Let the patient know you’ve noticed
  - The counselor’s own belief in the patient’s ability to change becomes a self-fulfilling prophecy
  - Let them know how you feel
  - Praise the behavior, not the patient
  - Continue to support self-efficacy throughout the process

Provider Road Blocks
MI Training

- Giving advice, suggestions, solutions
- Persuading with logic
- Arguing, disagreeing, confronting
- Warning or threatening
- Ordering, directing, commanding
- Persuading or lecturing
- Moralizing, preaching (fixing, healing, and converting)
Provider Road Blocks
MI Training

- Disagreeing, judging, criticizing, or blaming
- Agreeing, approving, or praising
- Shaming, ridiculing, or labeling
- Reassuring, sympathizing, or consoling
- Questioning or probing
- Withdrawing, distracting, humoring, changing the subject

Tying it all together...
MI Training

- Motivational Interviewing is
  - Collaborative
  - Evocative
  - Honors patient autonomy

- Based on four principles, “Spirit of MI”
  - Resist the Righting Reflect / Roll with Resistance
  - Understand the patients motivations
  - Listen with Empathy
  - Empower the patient / Support Self-Efficacy
Readiness Ruler
Quick Tool

• Three concepts
  • Readiness
  • Importance
  • Confidence

• Scale from 1 to 7
  1. How ready are you to ________?
  2. How important is it to you to ________?
  3. How confident are you that you can make this change if you want to?

• Why did you choose a _____, not a 1?
• What would have to happen......?