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Evidence-Based Communication Strategies

Motivational Interviewing to support decision-making about type 1 diabetes screening, follow-up, and monitoring

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Background: Screening for type 1 diabetes (T1D) autoantibodies in children and adults with a family history of T1D

Why are we having or not having T1D screening conversations in our practice setting?

The evidence for screening for islet autoantibodies to detect type 1 diabetes (T1D) in its early stages before insulin is required is supported by decades of research from familial and population level research studies. First-degree relatives with a family history of T1D are at 15 times higher risk for developing T1D compared to their peers without a family member with T1D. Knowing that an individual has early stage T1D has several benefits, including:

1. DKA awareness and prevention of medical trauma at diagnosis
2. Time to plan and prepare
3. Opportunity to receive approved therapy to protect insulin-producing cells
4. Clinical trial participation opportunities

Healthcare professionals (HCPs) in primary care and specialty care, among others, have opportunities to talk with individuals and caregivers with a family history of T1D about screening other family members.[1-3]

TIP: Being aware of the benefits of screening can inform questions to ask in eliciting change talk about behaviors for T1D autoantibody screening, follow up, and monitoring.

TIP: Becoming aware of challenges gives a healthcare professional time to prepare ahead for resistance or shared decision-making.

Target behaviors relevant to T1D autoantibodies screening[2,4]

Learn About Screening → **Get Screened** → **Confirming results, if autoantibodies are detected on screening**

If autoantibodies are confirmed:

- Following up to determine stage of T1D
- Deciding about treatments to delay progression
- Creating and following a monitoring plan
- Considering clinical trials/research

If autoantibodies are not detected, rescreening in the future based on current guidelines.

TIP: Be prepared to inform individual about what to expect at each step: screening, follow-up, and monitoring.

TIP: Have all resources in place before introducing screening, including contacts for endocrinology or behavioral health referrals.

Potential challenges to an individual's decision to screen or follow up[2,4]

A New, Unknown Topic for Many

Knowledge of an early stage diagnosis may bring uncertainty, fear, stress/anxiety[4]

Parental concern: knowing about the presence of auto-antibodies or early stage T1D may affect child's quality of life

Worry about effect on family dynamics and siblings

Avoidant vs approach coping style of the decision-maker[6]

Timing of the conversation

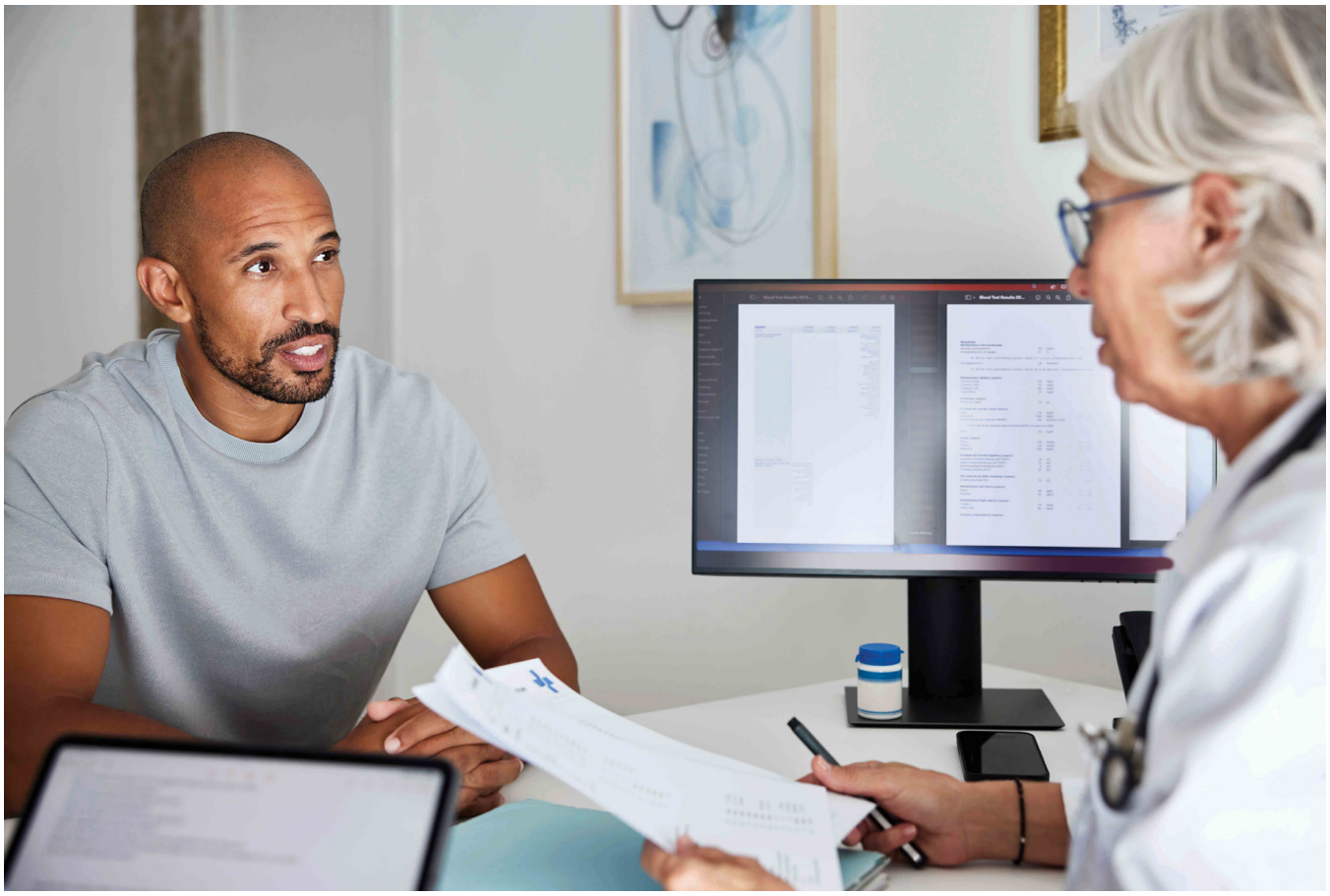
Perceptions of added costs in terms of money, time, and missed work/school

KEY POINT: CONSIDER HEALTH LITERACY, USE PLAIN LANGUAGE AND CULTURAL TAILORING[5]

Motivational Interviewing (MI) Background

What is Motivational Interviewing?

Motivational Interviewing (MI) is an evidence-based, person-centered set of communication principles, skills, and way of being for addressing a person's ambivalence or resistance to change for either ongoing or singular behavior change.[7-9] It is about building trust in the relationship by respecting the person's right to be ambivalent or resistant to change even if we don't agree with it. If the person feels respected, he/she is more likely to feel safe thinking/talking about change. Persons who are not changing need help identifying and accessing their own internal motivation(s) for the change (internal motivation is necessary for commitment to change)[10]; MI involves interviewing the person in a nonjudgmental, open-ended, caring way to help him/her get to his/her own internal motivations for the change so that what comes out of the person's own mouth is him/her making the case for change, rather than the HCP telling him/her what he/she should be doing. MI has a vast evidence base for outcomes impact[11-13], including in studies and reviews focused on screening.[14-16]



How does Motivational Interviewing work?

The mechanism of action in MI involves supportive interviewing so the person will hear themself make the case for change on the target behavior. Feeling empowered and hearing oneself talk about the change sparks an internal motivation urge to consider or make the change.

The Righting Reflex in Health Behavior Conversations

How robust is my righting reflex in patient encounters?

Many HCPs have been trained and rewarded to be problem solvers who feel successful in the role of fixing what's "wrong" with people; this tendency to want to fix and advise is a natural, well-intending human instinct called the **"righting reflex."** While the intention is good, the tendency to judge what's right and wrong in behaviors for a person and advise him/her that he/she "should" be doing something he/she may not be ready for, **does more harm than good**. In response to the righting reflex, ambivalent or resistant people will feel violated and will defend the reasons they can't change. Hearing oneself defend "why not" to change only reinforces the decision to make no change.

The HCP's righting reflex can result in:

1. External push/pull strategies (that don't last in impact on a person's decision-making); and
2. HCPs getting into advising/fixing mode—which can feel like a lecture or interrogation—and individuals will often tune out, resist further, or defend their "why not" to change.

Have I used these or similar statements in conversations in my practice?

Example Righting Reflex Statements:

You need to get your child screened.

It should be easy for you to fit this in—you can get yourself screened on your lunch break from work.

My T1D patients should stop hesitating and get their kids screened.

The benefits outweigh those cons you mention; since your brother has been living with T1D for the past 20 years, it's time for you to get screened.

If it was my child, I can't imagine waiting any longer to know if she is at risk for something potentially life-threatening.

Well, if I were in your shoes with family members living with T1D, I would not hesitate another minute to get myself screened.

Why doesn't my patient take my advice?

MI in Healthcare Encounters

Mindful attention to the person-centered MI Spirit approach, the MI RULE skills, and the autonomy-supporting micro skills can help an individual feel empowered, which can facilitate decision-making for getting T1D screening, confirmatory testing, and follow-up monitoring.[7-9, 11, 17,18]

MI Approach: the 'Spirit of MI'

COLLABORATION
Mindfully partnering rather than taking authority position over the person

EVOCATION
Eliciting the person's inputs, ideas, values, preferences, goals first—rather than first directing the person

AUTONOMY SUPPORT
Supporting the person's position with respect and choices

SELF-EFFICACY SUPPORT
Looking for and praising movement or thoughts toward change to reinforce confidence in making the change

BEING CARING & NONJUDGMENTAL
Helping the person feel safe to talk about change

ACTIVE LISTENING & EMPATHIC RESPONDING
Helping the person feel understood in the person-centric focus of the conversation

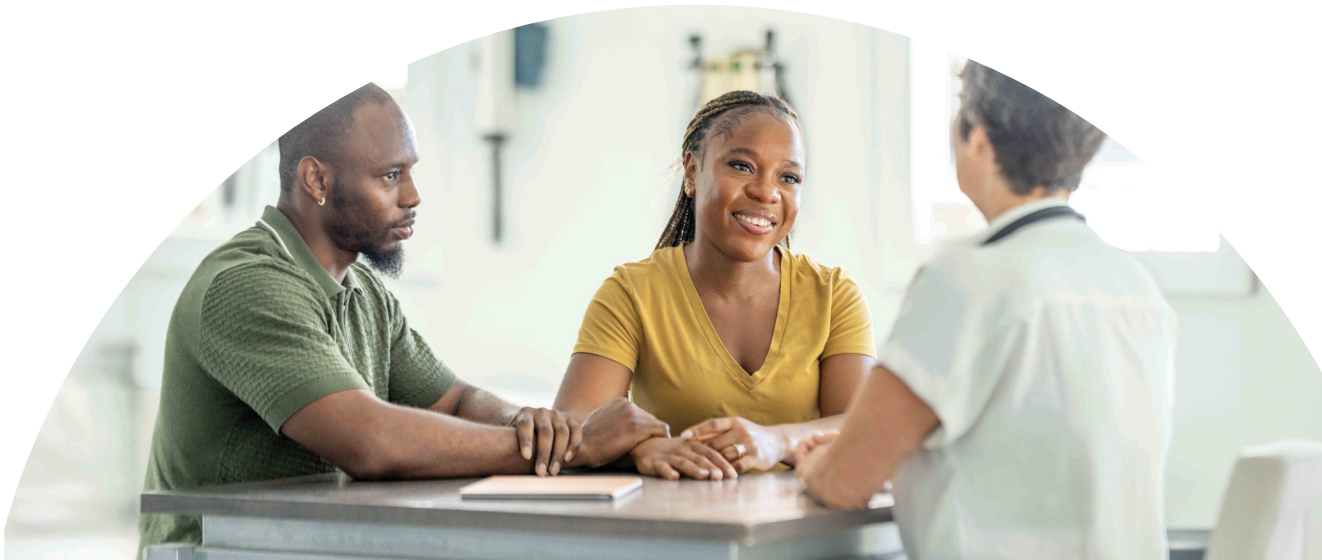
TIP: Strive for an empowering relationship to build trust and support the education/monitoring plan.

Applying Motivational Interviewing: RULE

R	**Resisting the righting reflex**	Avoid telling/advising to prevent the person hearing him/herself defend why not to change.
U	**Understanding a person's motivations**	Explore the person's reasons and prioritize those ahead of HCP reasons: "What reasons would make you want to get screened?"
L	**Listening actively**	Listen attentively and ask for clarification to help you understand.
E	**Empowering the person**	Engage autonomy-supporting strategies by eliciting the person's inputs first and supporting confidence in their ideas, goals, thoughts about change.

MI Communication Principles and Examples

Expressing empathy Expressing understanding of the person's expressed feelings, often the best first response to strong emotion or resistance.	**HCP:** "Tyler, it sounds like you're concerned about why I brought up T1D screening. Tell me more about that."
Developing discrepancy Guide the person towards awareness of differences between their values/beliefs/goals and current behavior status.	**HCP:** "You seem to want to know if your daughter could have early stage T1D, but you are afraid of how that information might change things at home."
Rolling with resistance Avoid arguing or putting the person on the defensive to prevent them hearing themselves tell why they can't make the change; use first, second, and third line approaches: 1. Express empathy and open-ended exploration; 2. If still resistant, support autonomy by asking permission to tell concerns/worries; and 3. If still resistant, emphasize personal choice and leave the door open for future discussion.	**HCP:** 1. "It sounds like you're not ready to get screened. Tell me more about that." 2. "If it's okay with you, I'd like to tell you what I'm concerned about if your family doesn't get screened." 3. "You sound like you aren't ready to get screened and it really is your decision. When you are ready, I can talk with you about pros and cons of knowing and what can be done if autoantibodies are detected. It is really up to you. If you decide that you'd like to talk about this at another time, I hope you will see me as someone who will be happy to answer your questions and support you in this."
Supporting self-efficacy Empower by building confidence through highlighting change thoughts, successes, strengths, and focusing on small change goals to start.	**HCP:** "You've taken the first step by being willing to hear about T1D autoantibody screening. That's great that you're considering it."



Autonomy-supporting Communication Strategies

Agenda-setting

A collaborative strategy that supports autonomy by giving a choice of what to talk about first, next, and beyond.

"To help reduce health risks now that you know Janie is in stage 2 T1D, we can talk about developing her monitoring plan, treatment options to delay the onset of Stage 3 T1D, clinical trial opportunities, and the guidelines for follow-up. Which would you like to talk about first? *(monitoring plan)*
Now that we've talked about her monitoring plan, which of the other topics would you like to talk about next?"

"Of the T1D concerns you said you have today, which one would you like to talk about first?"

Open-ended questions

Nonjudgmental way of eliciting information or inputs or assessing readiness without the judgment perceptions that come from yes/no questions where a right (yes) or wrong (no) answer is implied.

TO ELICIT PERSON'S INPUT/CHANGE TALK:

"What are some things you can think of to do to remind yourself to come back for confirmatory testing?" "What questions do you have for me?" "What will be the benefits of knowing the T1D autoantibody screening results?"

TO EXPLORE OR BRING A TOPIC UP:

"Tell me what you know about T1D screening?"
"Tell me what you've heard…?" "Tell me what you've been told…?"
"What concerns you most?" "Tell me more about that?"

TO ASSESS READINESS:

"What are your thoughts about getting your daughter screened for T1D autoantibodies?" "How would you feel about me connecting you with a clinical trial team so you can get the screening done at no cost?"

Asking permission to give information or advice

Asking for consent to give information or advice presents a respectful choice for receiving information/advice and is considered a hallmark of MI; it is an empowering strategy that can help resolve resistance or ambivalence.

"May I give you a few key details about the T1D screening process?"

"I'd like to share some highlights for what the guidelines say about monitoring plans, if that's okay with you?"

"We can talk about next steps now that T1D autoantibodies were not detected in the screening, okay?"

"Do you mind if I make a suggestion?"

Eliciting Change Talk

> “We tend to believe what we hear ourselves say.”
>
> –William Miller[7] [p.8]

Impactful strategy at the core of deciding to change[7-9, 11, 17]

“What do you think would be the benefits of finding out if you or your child has early stage T1D?”

“What are some reasons why you might want your child and your spouse to get screened for T1D autoantibodies?”

“What would have to happen for you to think about getting yourself screened for T1D autoantibodies?”

“How important is to you to know whether your child has early stage T1D?”

“How ready/confident are you to stick with the monitoring plan we’ve set up together?”

IMPORTANT: Support self-efficacy of change talk when you hear it

“That’s great that you know you need to fit Janie’s screening into your busy schedule.”

Readiness Ruler for Eliciting Change Talk:

HCP: “On a scale from 1 to 10, with 1 being not at all ready and 10 being completely ready, how ready are you to get screened for T1D autoantibodies to find out if you have early stage T1D?”

PERSON: “I’d say a 7.”

HCP: “A 7, that’s great (supporting self-efficacy). Why a 7 and not the minimum —a 1?”

PERSON: “I think I would feel relieved if I do not have early stage T1D, and would feel in control of the outcome by knowing ahead if I do.” *(change talk)*

Case Study: Maria, 29-year-old with 6-year-old daughter and pregnant with second child, husband newly diagnosed with T1D following hospitalization for DKA

Maria is sitting with her six-year-old daughter and husband in an exam room, waiting to see the endocrinologist for the first time. A few days ago, he was discharged from the hospital with a new diagnosis of T1D. He was in DKA when admitted. Maria's feelings include fear about the diagnosis and how it will affect both his health and the family dynamic. When the endocrinologist walks in, Maria is thinking with uncertainty about what to cook for dinner that night… and all the changes T1D will require for her busy life. She knows very little about T1D because even though her mother lived with it from the time Maria was 15, she kept her management of it private from Maria. Maria is unaware of her and her daughter's increased risk of getting T1D. As the appointment finishes, the HCP says:

HCP: "Before you go, we also need to talk today about your daughter's risk for T1D, as well as your own. Do you know how important it is to get screened as you are both at an increased risk and might even already have early stages of type 1? Have you been reading the T1D materials we provided you when you arrived?"

MARIA: "I've been trying to read it but I have been taking care of our daughter while trying to listen to the important things you've been saying, and I'm pregnant and not feeling well and my boss is calling me from work wanting to know when I will be back."

HCP: "I think you need to get informed—research shows that you and your daughter need to be screened for T1D; you are each at 15-times higher risk since you have a family history."

MARIA: "Well, I am doing the best I can right now and I'm more focused today on how I can get my husband home and support his health. I don't want to talk about the screening topic today—it won't even affect us any time soon."

Discussion Questions

In what ways does the HCP exhibit the righting reflex?

Maria is feeling violated by the closed-ended questions and authoritative, judgmental advice; she is responding defensively. Which person-centered MI skills or approach factors could have been effective here?

What might a revised approach sound like?

Case Study: Tyler, married 34-year-old living with T1D himself, father of 1st grade son with T1D and unscreened 15-year-old daughter

TYLER: "I just don't see why screening for her at 15 is such an urgent thing—she's nearly grown and has shown no signs. We're still adjusting to the huge changes from our son being in the hospital unexpectedly with DKA and adjusting to all the school challenges for him being in 1st grade with T1D. I work long hours. I can't fit in something else with even more doctor appointments."

HCP: "Tyler, please tell me what you know from the handout and our conversation last time about why the T1D autoantibody screening for Janie and your spouse is important."

TYLER: "I really can't take all that in, it's too much. We just got through all the T1D obligations related to my son being in school. I just don't know if I can handle finding out my older daughter is also going to go through this, or my spouse … all the additional costs and time of more meetings, appointments, and things to take care of are too much."

HCP: "Tyler, it sounds like you're shouldering a lot right now and this probably feels overwhelming and isolating. If it's okay with you, I would like to talk with you again in about a month and I'm hoping your spouse can come too to hear about the importance of screening for Janie, and for your spouse, which comes from recommendations in the ADA Standards of Care in Diabetes. We can get help and information for you that will support your needs and hopefully not add to the current load. If either Janie or your spouse have early stage T1D, we are here to support you and help you get the information you need to make informed decisions. You're not alone in this. What are your thoughts about that?"

TYLER: "Yeah, I just need time to think and talk it over with my spouse. I'll see you this time next month."

HCP: "That's great that you're willing to meet again after you've had time to process everything, and I hope the handout will be useful if additional questions come up. When is a good day for you to return?"

Discussion Questions

- What ways does the HCP explore resistance?
- How does the HCP elicit Tyler's perspective?
- What examples of change talk did you hear?

Case Study Interpretations

MARIA

The HCP is not sensitive to how new and overwhelming this diagnosis is; ideally, this would not be discussed at the first visit but would be better served by giving materials and planning to discuss at a later visit. At that time, it is ideal if the HCP asks permission first before approaching a new and separate topic from the care of her husband: **"Maria and husband, if it's okay with you, I'd like to talk briefly about another topic (screening) before we finish today."**

The HCP also asks closed-ended questions that can feel judgmental, and these did immediately put Maria on the defensive. She is hearing herself defend why not to consider the screening, which means it is unlikely that she will decide to in the near future. Using an open-ended question like, **"What have you been told about T1D screening for family members?"** would have been a less autonomy-violating approach to bringing up this topic.

Maria's first response demonstrates that she is overwhelmed. The HCP ignores her expression of strong emotion and pushes forward with another judgmental statement ('...you need to get informed'). This may violate Maria's autonomy and leave her feeling isolated when she needs understanding and support. An early empathic response would go a long way towards developing trust and safety to talk about the screening topic: **"Maria, you sound overwhelmed by all that you're having to take care of right now. It sounds like this isn't a good time to have this conversation, so let's wait until the next visit to give you time to settle into this new diagnosis."**

Maria's last statement expresses concern for her husband and what she needs to do to support him. Ideally, the HCP would have supported self-efficacy for what Maria expressed about what she is doing to help her feel supported and empowered: **"You are doing a lot to support your husband and those things will really contribute to his healthy living with T1D."**

Motivational Interviewing (MI)

SPIRIT of MI

Person-Centered | Collaborative | Caring | Evoking
First Priority: Build Trust and Relationship

THE MI COMMUNICATION PRINCIPLES

1. EXPRESS EMPATHY
"You seem upset, afraid, worried, angry..."
"This must be discouraging for you."
"It sounds as if you're happy with these results."

2. DEVELOP DISCREPANCY
Repeat back pros and cons stated by the person.
Ask thought-provoking questions:
"What would have to happen for you to think about..."
"What would life be like if you decided to get screened?"

3. ROLL WITH RESISTANCE
Stay focused on the topic; roll with the resistance.
a. Empathize and openly explore
"It sounds like you're concerned about T1D screening. Tell me more about that."
b. Ask to share concern
"May I tell you what concerns me?"
c. If still resistant, reiterate that it is their choice
"It really is your choice; I am concerned, but only you can decide for yourself."

4. SUPPORT SELF-EFFICACY
Encourage and praise; focus on incremental goals and words, not big change.
"That's great that you've decided to get screened."

ELICITING CHANGE TALK/RULERS
"On a scale of 1 to 10, how ready are you to get screened?"*
"On a scale of 1 to 10, how important is it to you to get screened?"*
***REMEMBER TO ANCHOR THE SCALE: 1=NOT AT ALL, 10=VERY**
a. *"A '6', that's great; why a 6 and not the minimum, a 1?"*
b. *"What would have to happen for the 6 to become a 7?"*

ASK ABOUT:
- **Benefits of change**
- **Prior successes** at the target or similar health behavior
- **Vision of a future** with the screening results
- **DARN:** **D**esires, **A**bilities, **R**easons, and **N**eeds for change

Case Study Interpretations

TYLER

Tyler's reaction tells us there is a knowledge deficit about the importance and benefits of T1D autoantibody screening for his daughter. **The HCP uses an appropriate open-ended question ('...tell me what you know...')** to:

1. See what Tyler already knows about T1D screening; and
2. If nothing or minimal, ask permission to share.

Tyler responds with resistance and strong emotion about how overwhelmed he is. He is defending all the reasons they won't have time or capacity to take on T1D screening for their daughter. **The HCP actively listens and recognizes Tyler's struggle** and uses an MI-consistent strategy when he first expresses an empathic reflection: **"Tyler, it sounds like you're shouldering a lot right now and this probably feels overwhelming."** The HCP then asks permission to talk about this at a future, specific appointment **("If it's okay with you, I would like to talk with you again in about a month...").** The HCP ends with a collaborative, **"What are your thoughts about that?"**

The structure of this conversation is known as 'elicit-provide-elicit:' after expressing empathy, the HCP asks what he knows (elicit), then asks permission to delay the discussion with rationale (provide), then collaboratively elicits his readiness to talk next time ("What are your thoughts...?").

Because Tyler has been approached in a person-centered, autonomy-supporting way, his resistance is diffused, and he makes a statement towards change. The HCP then supports Tyler's self-efficacy by stating, **"That's great that you're willing to meet again after you've had time to process everything, and I hope the handout will be useful to have when additional questions come up."**

The HCP ends the conversation by asking an open-ended question to assertively ask for a commitment for a day to return. This strategy is effective because once Tyler hears himself commit to return on a specific day, it raises his internal motivation urge and reinforces this change goal.

ESTABLISH KNOWLEDGE/TOPIC OF RISK/OPTIONS

1. *"What have you been told about why people should be screened for early stage T1D?"* **(ELICIT)**
2. Affirm, if they know some aspects
3. *"May I share additional information about that?* **(PROVIDE)**
4. *"What do you think about getting screened now that you know these things?"* **(ELICIT)**
   OR: *"Knowing these things, what goals would you like to set?"*
   OR: *"Knowing these things, what would you like to see happen for you regarding T1D autoantibody screening?"*

OPEN-ENDED QUESTIONS

1. *"What are your thoughts about T1D screening?"*
2. *"How would you feel about getting screened?"*
3. *"Tell me what concerns you most. Tell me more about that."*
4. *"What do you see as potential benefits of T1D screening?"*
5. *"If your test shows autoantibodies, how could you remind yourself to come back for a confirmatory test?"*
6. *"How do you feel about the possibility of your son having T1D autoantibodies since his sister has T1D?"*
7. *"What are your thoughts about focusing on the first step for now: getting screened?"*

ASKING PERMISSION TO GIVE ADVICE/INFO

1. Ask permission to share info/advice:
   "I'd like to share some things other people have tried, if you don't mind."
   "If it's okay with you, I'd like to share some ideas about that."
   "May I make a suggestion?"
2. Give the information and follow with:
   "What are your thoughts? How do you feel about that?"

AGENDA SETTING

1. *"We can talk about [A], [B], and [C]. Which of these would you like to talk about first?"*
2. *"Now that we've talked about B, which [A or C] next?"*

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Conversation Starters

"We are talking with all of our patients who have T1D themselves or in their family about another important health topic. Do you mind if we take a few minutes to talk about it?"

> "There is new information about the higher risk for getting T1D in people who have a family member with T1D, compared to the risk for those who don't have a family member. I'd like to chat with you about what I've learned about this if you have a few minutes?"

"Mr. Jenkins, you've been my patient for a long time and I want to share some information that could be important to help family members of our patients with T1D to detect T1D early. Tell me what you've heard about the risk level for family members?"

> "Mrs. Ray, I noticed that you indicated on your intake form that you have a family member with T1D. We are checking in with all our patients with T1D family members to share new and impactful information about getting screened to detect early stage T1D. Would you mind if we talked about this for a few minutes?"

"Mr. Rodriguez, it's great that you always come for your appointments. It seems like you are interested in your health. We're talking with all our patients with T1D about a new screening test we are recommending for their family members. I'd like to share that with you for a few minutes if that's okay with you?"

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Breakthrough T1D®
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At Breakthrough T1D, we focus on what the type 1 diabetes community needs now and next. Globally, we break barriers to help people manage the condition and enjoy full, healthy lives.

Today, we are opening doors that were once closed by diagnosis. We lead the way to more effective solutions: connecting the brightest minds to advance treatments, influence policy, and improve access to care for those who need it all over the world.

Tomorrow, we will make this condition a thing of the past by accelerating research and driving innovation forward.

Always, we are guided by a single purpose: As we drive toward curing type 1 diabetes, we help make everyday life better for the people who face it.

About the Author: Jan Kavookjian, Ph.D., MBA, FAPhA, FADCES, Associate Professor of Health Outcomes Research and Policy at Auburn University in Auburn, Alabama, is a behavior scientist with a 25-year focus in teaching, training, and research for Motivational Interviewing (MI) applied to chronic disease management and prevention, particularly in type 1 diabetes youth/parents, type 2 adults, weight management/obesity, and related cardiometabolic conditions. Dr. Kavookjian has also trained interdisciplinary healthcare professionals in academic detailing with MI to talk with other healthcare providers about guidelines-based practice behaviors (counseling, referring, prescribing, and screening). She is also President of Kavookjian Consulting, LLC, which has provided evidence-based MI training for over 3,400 interdisciplinary healthcare professionals.