



September 17th 2024 Webinar: Culturally-Informed Motivational Interviewing with Dr. Rachel Herbst

*Oregon Pediatric Improvement Partnership (OPIP) Learning Collaborative for **Integrated Behavioral Health in Primary Care: Strategies and Tools to Provide Issue Focused Interventions Addressing Social Emotional Health in Young Children (Birth to Five)***

While We Wait to Let Everyone In

PLEASE UPDATE YOUR NAME IN ZOOM TO INCLUDE:

- **FIRST AND LAST NAME**
- **INITIALS of the PRIMARY CARE PRACTICE IN WHICH YOU WORK**

NOTICE OF RECORDING

- *We will be recording this overview webinar for those attendees who registered but could not attend*



Agenda

- Topic Specific Focus for Today: **Culturally-Informed Motivational Interviewing**
- Case Consultation on Implementing These Strategies:
Participant Ask Questions, Share Examples, and Obtain Feedback
- Looking forward:
 - Adding Cases and Practice to Future Webinars, Optional Case Consultation will include an option to practice with cases identified by Dr. Riley
 - October 2024 In-Person Learning Session Agenda and Location Finalized: Sign Up Now – Registration ends September 16h

Introducing Dr. Rachel Herbst



- Rachel Herbst, PhD, is an Associate Professor at the University of Cincinnati College of Medicine and pediatric psychologist in the Division of Behavioral Medicine and Clinical Psychology at Cincinnati Children’s Hospital Medical Center.
- She serves as the Director of Integrated Behavioral Health in Pediatric Primary Care and as a Co-Director of the Behavioral and Mental Health Rotation for pediatric medical residents.
- Her clinical and research interests include prevention, practice transformation, and enhancing trauma-informed, culturally-responsive systems of care.



Integrating Culturally-Responsive Motivational Interviewing into Pediatric Primary Care

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University of Cincinnati College of Medicine



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Learning Objectives

1. Describe a culturally-responsive MI conceptual model as a strategy to enhance pediatric primary care.
2. Demonstrate how provider recognition of implicit bias is key to the spirit and principles of MI in implementing integrated care.
3. Explain ways to navigate agenda setting that minimizes power and privilege differences between providers and patients/families.



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ADDRESSING Framework

Cultural Influences	Dominant Group	Nondominant/Minority Group
<u>A</u> ge and generational influences	Young/middle aged adults	Children, older adults
<u>D</u> evelopmental and other <u>D</u> isabilities	Nondisabled people	People with cognitive, sensory, physical or psychiatric disabilities
<u>R</u> eligion and spirituality	Christian & secular	Muslims, Jews, Hindus, Buddhists, & other minority religions
<u>E</u> thnic and racial identity	European Americans	Asian, South Asian, Latino, Pacific Island, African, Arab, African American, & Middle Eastern people
<u>S</u> ocioeconomic status	Upper & middle class	People of lower status by occupation, education, income, or inner city/rural habitat
<u>S</u> exual orientation	Heterosexuals	People who identify as gay, lesbian, or bisexual
<u>I</u> ndigenous heritage	European American	American Indians, Inuit, Alaska Natives, Métis, Native Hawaiians, Chamorro people of Guam
<u>N</u> ational origin	U.S.-born Americans	Immigrants, refugees, & international students
<u>G</u> ender	Men	Women & transgender people

Hayes, 2013



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Reflections

Structural and systemic racism in behavioral health and primary care


Consider your own areas of privilege, restriction, and discomfort

Embrace self-reflection and brave conversations with patients & colleagues

Consider how to continue the reflection, conversations, and skills after the training



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Spirit of MI

- **Desire:** "I want to get more sleep."
- **Ability:** "I can try to use a routine. I did it last summer."
- **Reason:** "I would like to make sure she's getting a healthy amount of sleep."
- **Need:** "I need to stop letting her stay up until midnight."

Preparatory

- **Commitment:** "I am going to start a sleep routine tonight."
- **Activation:** "I could start turning off her tablet at 8pm."
- **Taking Steps:** "I already took the tv out of her room."

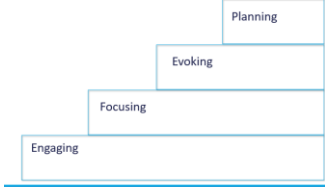
Mobilizing

MI Core Components


OARS Skills

- Open-ended questions
- Affirmations
- Reflections
- Summarizing
- Informing and Advising (w/ permission)

Tasks of Motivational Interviewing

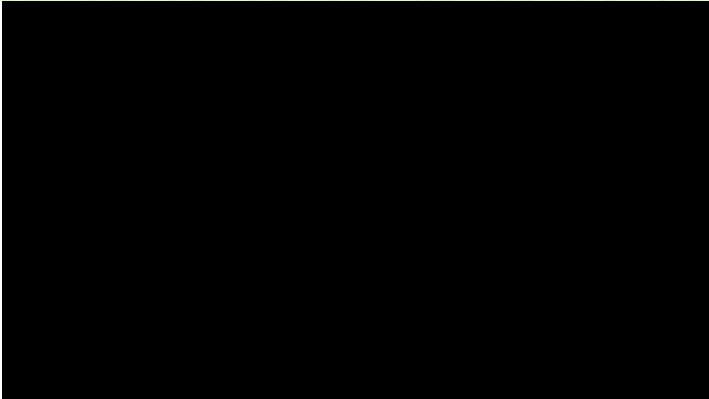


Miller & Rollnick, 2013



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Spirit of MI



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Skillful Culturally-Responsive MI Practice



Emotionally aware, sensitive,
and responsive



Common sense
communication skills

Positive
Sincere
Attuned



Patience



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Type of Reflections

You are consulted during a WCC by a PCP who is concerned about a patient's BMI, which is greater than the 98th percentile. Mrs. Hernandez, mother of 3yo Sara, says: "You all keep telling me that I need to make sure Sara is more active. But you don't understand what it's like to live where I do."

The family lives in an apartment downtown in a neighborhood with high crime rates.

Simple reflection: "I don't understand why it might be hard to be more active."

Complex reflection: "Your neighborhood is dangerous and it's not safe to be to take your daughter outside of your apartment."

Double-sided reflection: "We don't understand the barriers you're experiencing AND you know that being more active can support your goal of ensuring Sara is healthy."

Double-sided culturally-responsive reflection: "It's not worth risking your life to go for a walk AND you know that being more active can support your goal of ensuring Sara is healthy."



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Practicing Reflections

Ms. Henderson is the mother of 1mo Nicole, who is not gaining adequate weight. "She's so little... and Similac formula is so expensive right now. I don't know about that Gerber formula - all of my other children were on Similac. I went to WIC and they yelled at me when I asked to get her Similac. They told me I should be happy that they can give me Gerber."

Simple reflections briefly state back the person's own words. What simple reflections might you offer?

Complex reflections are used to take an educated guess about the emotion or meaning of the person's words that you heard. What complex reflections might you offer?

Double-sided reflections are used to highlight what someone says that shows they want to stay the same (sustain talk), it is connected with "AND," and then you highlight what is said that indicates they are thinking about change (change talk).

What is a double-sided, culturally-responsive reflection you might offer?



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Inclusive and Culturally Responsive Care



(developed from Baumann et al., 2015; Bernal & Domenech Rodriguez, 2012; Comas-Fiaz, 2011).



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Inclusive and Culturally Responsive Care

Honoring families' autonomy, values, and lived experiences (*be explicit*)

Partnering with patient and families to work collaboratively

Incorporation of patient and families' strengths and barriers to making behavior change

(developed from Baumann et al., 2015; Bernal & Domenech Rodríguez, 2012; Comas-Díaz, 2011).



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Application of Culturally-Responsive MI

- Recognizing and navigating implicit biases and embracing the spirit of MI
- Shared agenda setting
- Working with patients and families at varying levels of change



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RECOGNIZING AND NAVIGATING IMPLICIT BIASES



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Implicit Bias

Various types exist: Race, Ethnicity, Gender, Sexuality, Ability, SES, Weight, etc.

Rooted in personal experience as well as systemic and structural levels of inequitable practices

Associated with disparities in care provided

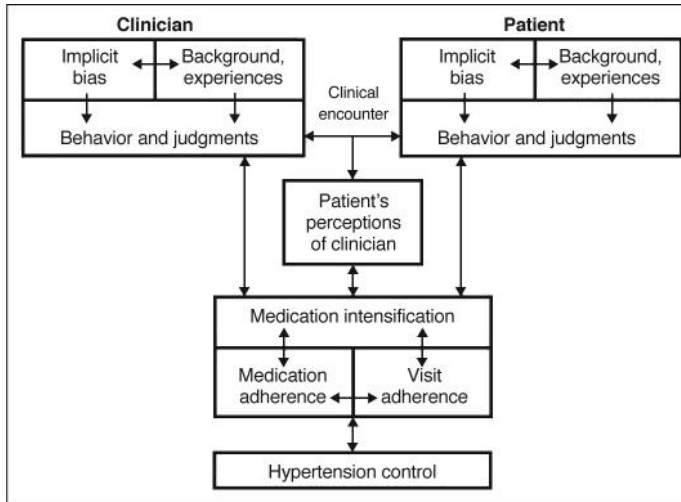
Recognition and active attempts to monitor and adjust are necessary to navigate biases

What are common implicit biases within primary care?



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Conceptual Model of Bias and Disease Management (Blair et al., 2011)



Examples of how you've seen this play out in primary care?



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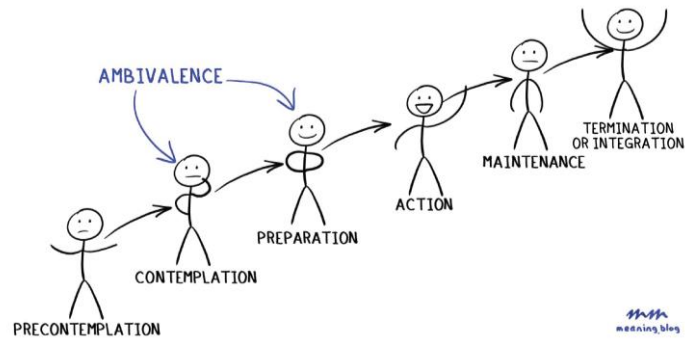
MANAGING AMBIVALENCE/"RESISTANCE"



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Reframing “Resistance”

- Ambivalence is normal and healthy!
 - May serve a protective role
- Consider how broader influences may impact readiness to change
- Consider clinician bias and approach



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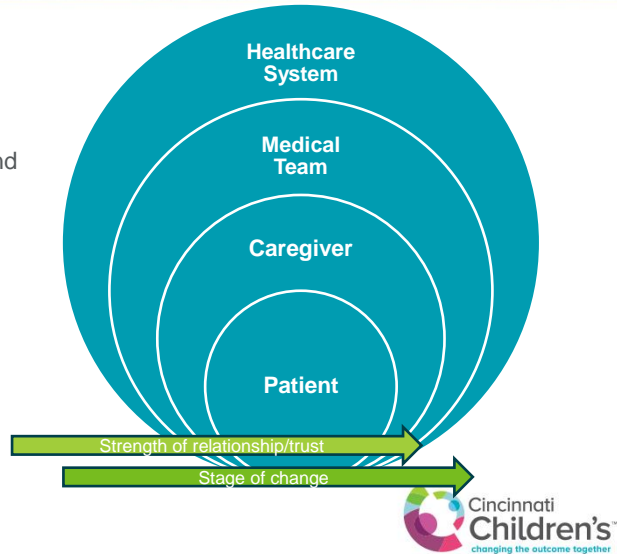
SUPPORTING YOUR MEDICAL TEAM WITH USING A CULTURALLY RESPONSIVE FRAMEWORK



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Reframe “Resistance”

- Teach others about MI Spirit (e.g., acceptance, partnership), Principles (e.g., express empathy, develop discrepancy), and Skills (e.g., open ended questions, reflections)
- Explain developmental significance of ambivalence and autonomy



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AGENDA SETTING



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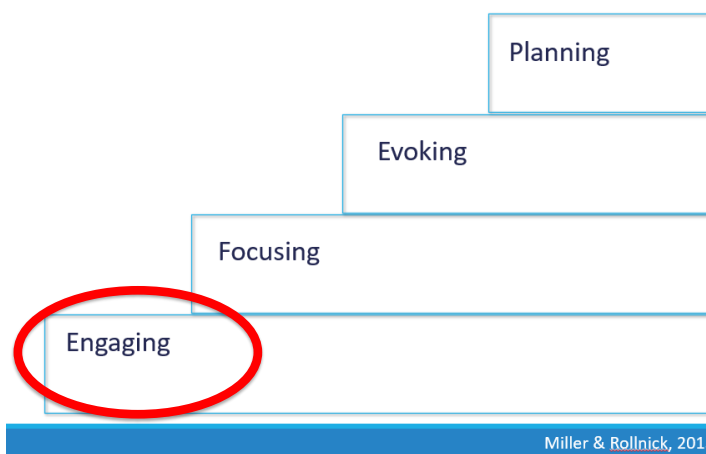
Culturally-Responsive Care

- Power, Privilege, & Oppression
- Structural & systemic factors of oppression are built into healthcare
 - Inherent hierarchy, creating power structures limiting engagement and partnership
 - Maintenance of inequities through continued privileging of certain populations and discrimination against others
 - A contextualized focus
 - Inherent values that are unrecognized



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MI: Tasks for Change



Miller & Rollnick, 2013



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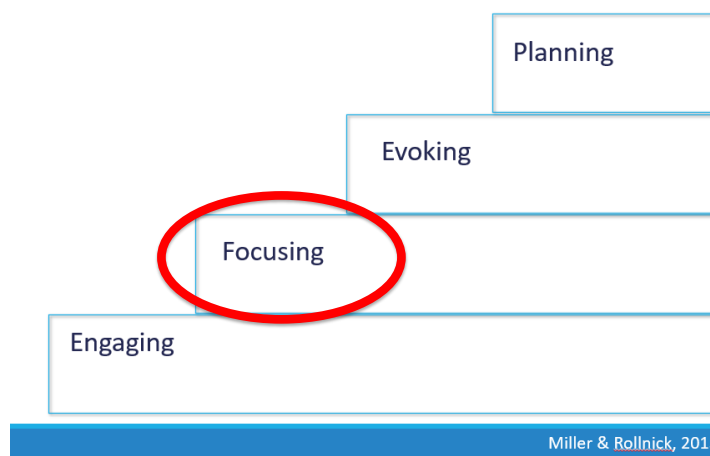
Goals & Skills

- Establish a working relationship
 - Establish genuine interest in goals, values, and problems
 - Attend to signs of disengagement
- Provider clarifies role as guide, not as expert
- Emphasizes the spirit of MI (patient/family autonomy)
 - Use OARS to give patient/family permission to express and explore ambivalence about change



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MI: Tasks for Change



Miller & Rollnick, 2013



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Application

- Reflection
 - Unspoken values of our settings/teams and how this promotes or inhibits equity
 - Our role as behavioral health consultants
- Go slow to go fast
- Redefine success
- How to focus on health-related goals if the caregiver doesn't want to touch on them?
- How to manage interactions with medical providers when we did not address the goals they had for our consult?



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Case Example

Ms. Jackson presents with her 5yo son, Amir, to a well child visit in primary care.

Amir has asthma and is not taking his controller medication. He's had a recent hospital admission for asthma exacerbation. BMI is in the 95th percentile.

Social-emotional screener indicates some externalizing behaviors but are still within the normal limit for his age.

Ms. Jackson tells the medical assistant that Amir is "bad" and "mean" and needs medication for his behavior.



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Agenda Setting

You've been consulted by the pediatrician, who is worried that Amir will have another hospitalization for asthma exacerbation.

- What do is on your agenda for this encounter?
- What do you think are Ms. Jackson's priorities?

You learn that Ms. Jackson felt that the healthcare team was judging her for not picking up Amir's asthma medication.

- What elements of culturally-responsive care do you want to mindfully incorporate?



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Culturally-Responsive MI



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Agenda Setting Video

Reflection:

- How does this align with your current practice?
- What would you have done differently?
- How might this inform your practice?
- How would you talk with the medical team about their goals and what you addressed in your encounter?



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WRAP UP



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Take Home Points

- Skillful MI offers a port of entry for enhancing culturally-responsive care
- Importance of translating our conceptualizations of DEIA-related topics into practice
 - Explicit conversations about race
 - Being brave and embracing our discomfort



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Your Reflections

- What would it be like to incorporate this model into your practice?
- What else is helpful to discuss?



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Acknowledgements

- Desiree Dibella, MD
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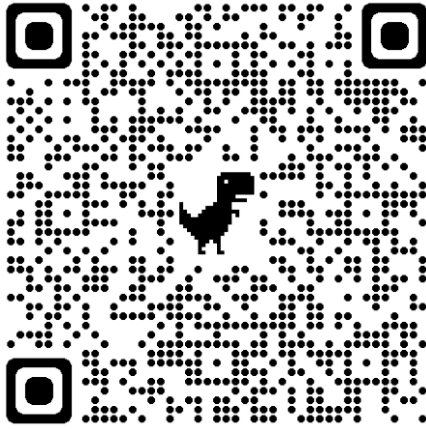


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MI RESOURCES



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Understanding
Motivational
Interviewing
(MINT website)



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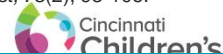
Motivational
Interviewing
and Social
Justice
(Miller,
2013)



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Thank you!

- Please feel free to contact me with any additional questions:
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- Building in Practice to Future Webinars
 - Moving forward we will be building in more time at the end of these monthly webinars to play through example casts.
- Optional Case Consultation Calls (First Tuesday of Month)
 - Will prioritize questions and cases from attendees.
 - But will also have prepared practice cases exemplifying topics covered in this month's webinar
 - Remember: You Do not Need to Register
 - Next one is **October 1st 12-12:30**

October 15th In-Person Learning Session



- View Agenda Here: <https://oregon-pip.org/wp-content/uploads/2024/08/10-15-IBH-In-Person-LS-Participant-Agenda.pdf>
- Location: : Portland State University, Native American Student and Community Center, 710 SW Jackson St, Portland, OR 97201
 - Parking Coupons will be Provided to Registrants
- Register [Here](#): Registration closed 9/16, but last-minute registration will be available through 9/20
 - <https://www.eventbrite.com/e/integrated-behavioral-health-in-primary-care-in-person-training-tickets-866680172727?aff=oddtcreator>

October In-Person Learning Session: Agenda

Key Parts of the Agenda Based on Your Input:

- Where We Are Now and Why There Is a Need to Increase Provision of Services, Role of Integrated Behavioral Health in the 2025 Child-Level Social-Emotional Health CCO Incentive Metric (Starting January 2025)
- Advanced Clinical Skills Training:
 - Common Social-Emotional Health Issues Addressed in 2024 Webinars: Overview of Key Topics and Core Concepts
 - Advanced Skills for Specific Populations
 - Managing Common Concerns for Children with Autism and other Developmental Disabilities
 - Addressing Parental Mental Health in the Context of Behavioral Services for Young Children
- Supporting Implementation in Your Practice and Referral Pathways
 - Engaging Your Primary Care Providers to Refer Young Children
 - Engaging Families in Internal and External Services
 - Supporting Meaningful Improvement Aligned with the 2025 Incentive Metric

Looking Forward



Month	Topic-Focused Webinars & Person-Specific Registration Links (Third Tuesday of the Month)	OPTIONAL Office Hours & Zoom Links (First Tuesday of the Month)
October	10/15/24: In-Person Learning Session 8:00am-12:00, Optional Lunch from 12-1 Registration Link: https://www.eventbrite.com/e/integrated-behavioral-health-learning-collaborative-fall-learning-session-tickets-866680172727?aff=oddtcreator	
November	11/19/24: 12-1pm Toilet Training and Elimination Problems Registration Link: https://us06web.zoom.us/meeting/register/tZEuduiqpiosGNCw1rOcTgbUvM5bm4mv7Th4	11/5/24: 12-12:30pm Zoom Link: https://us06web.zoom.us/j/89365465702
December	12/17/24: 12-1pm Incorporating Trauma-Informed Principles into IBH with Dr. Kim Burkhart Registration Link: https://us06web.zoom.us/meeting/register/tZcuceGoqjwpH9liz8bWB91uBhtxGIIA1I0A	12/3/24: 12-12:30pm Zoom Link: https://us06web.zoom.us/j/89365465702