

One Hour Ethics CME Texas Medical Board

<https://www.txhealthsteps.com/186-motivational-interviewing>

Motivational Interviewing

Post-Test Result 7/9 78% (Passing score 75%)

- 1) The originators of motivational interviewing (MI) contend that it “honors people’s autonomy, trusting in their own natural wisdom and desire to grow in a positive direction.” Which sentence best defines MI according to originators Miller and Rollnick?
- a) A collaborative, goal-oriented style of communication with particular attention to the language of change.
 - b) A style of interviewing that motivates patients to take medication, engage in regular physical activity, and eat a healthy diet to increase wellness.
 - c) Techniques that allow a health-care provider to understand and encourage the reasons that motivate positive health behaviors in a patient.
 - d) A conversational tone a health-care provider can adopt with proven positive outcomes for children and adolescents with depression.
- 2) Casey brings her 13-month-old son, Javier, for his Texas Health Steps checkup. You need to discuss the boy’s weight with Casey by reviewing his growth chart, but you are worried it will take too much time from the appointment. What is your best course of action?
- a) You ask Casey to make a 30-minute appointment for next week and plan to tell her then how she can help the boy lose weight.
 - b) Because MI is compatible with Texas Health Steps preventive medical checkups, you ask Casey if you can discuss how she feels about Javier’s growth and, with her agreement, engage in a brief intervention.
 - c) Wishing to integrate MI into your discussion, you ask Casey why she allows Javier to drink orange juice from a bottle all day.
 - d) After double-checking Javier’s growth chart, you realize you can postpone a discussion about his overweight until his next Texas Health Steps checkup.
- 3) MI can best be integrated into a clinical practice by:
- a) Dedicating 15 minutes to MI during each of your appointments.
 - b) Notifying all your patients that the MI technique will be used when talking with them.
 - c) Making MI a part of your office culture, if you decide MI is appropriate for your practice.
 - d) Gradually, through attrition, employ only staff members who are experts in MI.
- 4) Providers may be more effective in promoting healthy behavior changes with a child when they integrate MI skills as part of screening, brief intervention, and referral to treatment (SBIRT). According to a 2014 meta-analysis of MI interventions for pediatric health behavior change, which of the following is true?
- a) MI is most effective when administered by those in the mental health profession.
 - b) When discussing risky behaviors as part of SBIRT, the health-care provider experiences the most success with longer sessions of MI.
 - c) Parents guiding young children with medication adherence issues are best helped with six or more sessions of MI over the course of two months.
 - d) Positive effects can be obtained with four or fewer brief treatments
- 5) According to the American Academy of Pediatrics, “MI is especially appropriate during adolescence, a period characterized by establishing independence and autonomy and by pushing away or resisting authority figures” (2014). Which answer best supports that statement?
- a) The technique enhances a health-care provider’s authority, so rebellious adolescents may begin to adhere to treatment plans.
 - b) Note that MI will no longer be effective once the child transitions to adult care.
 - c) The approach can improve an adolescent’s self-efficacy and address ambivalence toward self-care behaviors.
 - d) Using MI with adolescents is most effective when parents are willing to follow through on setting boundaries.

6) You are discussing with a mother that her son with obesity is at risk for type 2 diabetes. She says she is concerned, but continues to allow him to remain inactive. The boy likes to play video games alone. He admits he thinks sports are cool yet feels too socially shy. Understanding that the child and family are ambivalent about making change, you explore their interest in opportunities for physical activity compared with their concern about potential health problems. Which of the four principles of MI, collectively known as REDS, are you using at this point?

- a) Rolling with resistance.
- b) Expressing empathy.
- c) Developing discrepancy.
- d) Supporting the patient's self-efficacy.

Right answer : c) Developing discrepancy.

7) Change talk explores change, argues for change, and plans change. Sustain talk is conversation about maintaining the status quo and avoiding change. Is the following statement true or false? Ambivalence is a normal characteristic of change, a combination of pro and con thoughts—that is, change and sustain thoughts. The provider who considers sustain thoughts and talk as integral to the overall conversation has a realistic, balanced view of the change process.

- a) True
- b) False

8) Reflective listening is a core skill of MI. It is also termed “active listening” because the health-care provider responds to the patient's statement or reflects the feelings or meaning of the statement. Which of the following is also true about the core skill of reflective listening?

- a) Extreme care should be taken with reflective listening because if statements are off target, the entire discussion will likely be useless.
- b) Reflective listening allows the MI practitioner to restate the patient's words nearly verbatim, as statements, not questions, in a nonjudgmental tone of voice.
- c) Reflective listening statements should be spoken as questions so the patient is prompted to give a complete answer.
- d) When integrating reflective listening into a discussion about high-risk behavior change, avoid using the pronoun “you.”

Right answer : b) Reflective listening allows the MI practitioner to restate the patient's words nearly verbatim, as statements, not questions, in a nonjudgmental tone of voice.

9) A health-care provider who wishes to integrate MI into his or her practice should consider which of the following?

- a) Gradually incorporating the principles into clinical conversations.
- b) Enrolling in MI presentations and workshops through professional societies.
- c) Engaging in ongoing training in MI.
- d) All of the above.