

Motivational Interviewing Training for Mental Health Care Teams: Focus on Weight Management

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Background

- Individuals with schizophrenia have high rates of obesity, contributing to increased morbidity.
- Several factors that contribute to overweightness are unhealthy eating habits, sedentary lifestyle, and side effects of antipsychotic medications.
- Traditional weight loss interventions have been education about lifestyle changes plus cognitive behavioral therapy.
- Mental health care staff can provide motivational interviewing (MI), an evidence-based intervention, to individuals for weight gain prevention.

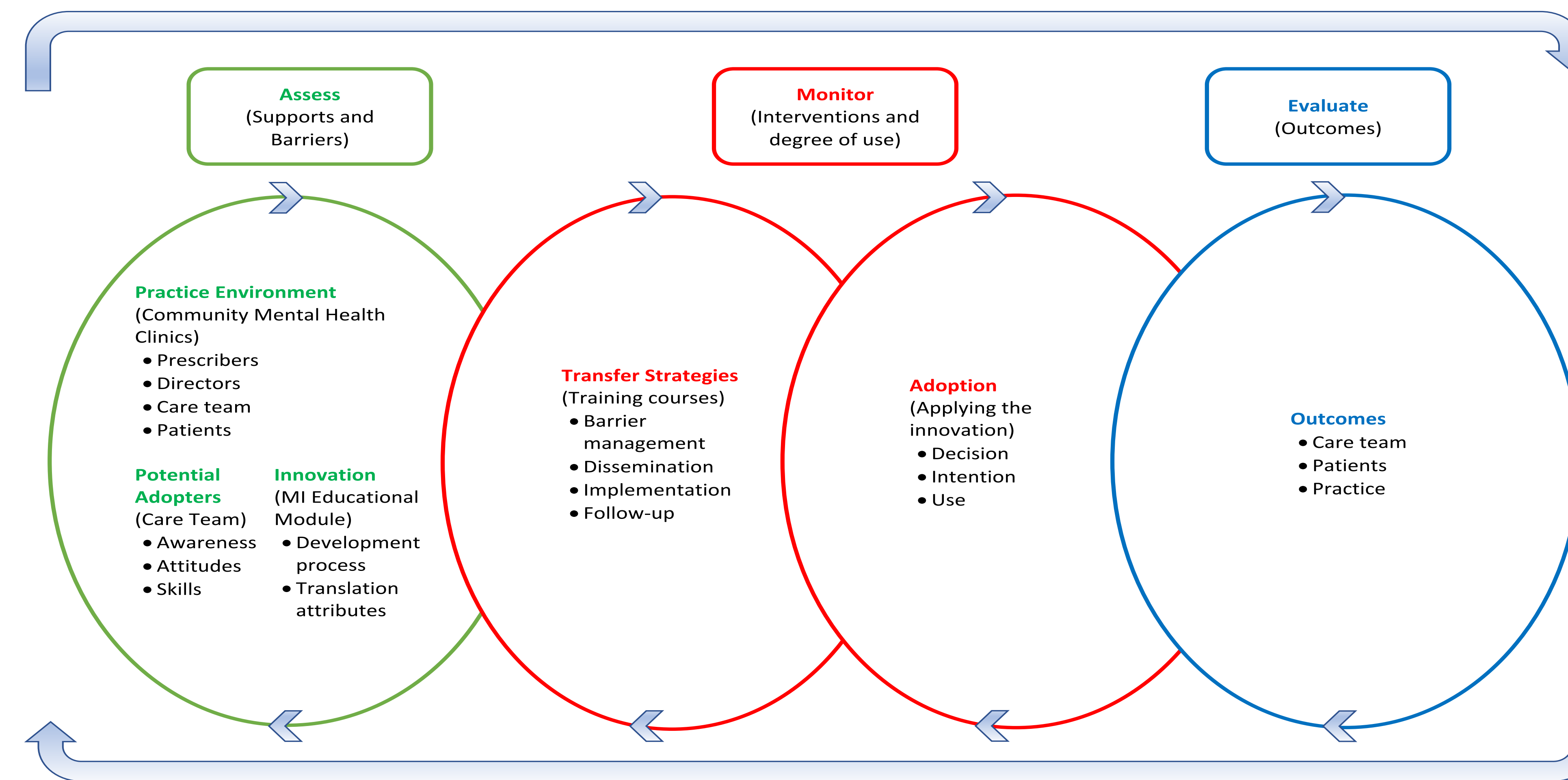
Objectives

1. To develop and implement a brief weight management MI training module for a care team (primarily psychiatric technicians) at a community-based mental health treatment agency in Los Angeles County.
2. To evaluate participant post-training knowledge and performance in delivering the MI intervention to obese individuals with schizophrenia at their clinics.

Methods

- A newly developed 4-hour educational training module given to 7 psychiatric technicians from the participating care teams.
- Participants surveyed pre- and immediately post-training as well as 4 months post-implementation.

The Ottawa Model of Research Use



Results

- Baseline – participants agreed that cognitive behavior therapy (CBT) could be an effective weight loss intervention for individuals with schizophrenia.
- Knowledge test - mean total score of correct responses increased from 8.43 ($SD = .79$) at baseline to 9.29 at immediately post-test ($SD = .76$), $t(6) = -2.121$, $p = .078$.
- Post implementation - skill changes in participant attributions of difficulty with weight gain (more reported side effects from medications and fewer reported poor diet choice) as well as positive responses to continue using MI intervention in the clinical setting.

Open-ended Responses to Survey Questions – Baseline vs. 4 Months

| Reasons Why Clients with Schizophrenia Gain Weight | Pre | 4 months |
|--|-----|----------|
| Poor diet choices | 4 | 2 |
| Limited resources | 4 | 4 |
| Poor insight | 2 | 3 |
| Medication side effects | 4 | 6 |
| Comfort food | 1 | 1 |
| Poor impulse control | 1 | 0 |
| Lack of exercise | 1 | 1 |
| Lack of motivation | 1 | 0 |
| No follow-up with primary care physician | 0 | 1 |

| Effective Interventions to Lose Weight | Pre | 4 months |
|---|-----|----------|
| Education | 3 | 3 |
| Diet modification | 4 | 1 |
| Exercise | 5 | 3 |
| Motivation | 1 | 0 |
| Close monitoring | 2 | 1 |
| Goal setting | 1 | 0 |
| Motivational interviewing techniques | 0 | 1 |
| Provide access to resources | 0 | 3 |
| Increase water intake | 0 | 1 |
| Follow-up with primary care physician regularly | 0 | 1 |
| Support systems | 0 | 1 |

| Reasons Why it is Difficult to Lose Weight for Clients with Schizophrenia | Pre | 4 months |
|---|-----|----------|
| Poor insight | 6 | 2 |
| Limited finances or funds | 3 | 3 |
| Lack of motivation | 1 | 0 |
| Isolation | 1 | 0 |
| Poor food choices | 3 | 2 |
| Increased appetite | 1 | 0 |
| Medication side effects | 2 | 2 |
| Limited support systems | 2 | 2 |
| Co-occurring diseases | 1 | 0 |
| Severity of schizophrenia symptoms | 0 | 4 |
| Age | 0 | 1 |
| Lack of physical activity | 0 | 2 |
| No follow-up plan | 0 | 1 |

Follow-up (4 month) Survey (N = 7)

| | n | % |
|---|---|------|
| Frequency of MI techniques used | | |
| Always | 1 | 14.3 |
| Most of the time | 2 | 28.6 |
| About half the time | 2 | 28.6 |
| Sometimes | 2 | 28.6 |
| Comfortable in applying MI skill | | |
| Definitely yes | 3 | 42.9 |
| Probably yes | 3 | 42.9 |
| Might or might not | 1 | 14.3 |
| Belief that MI is an effective tool | | |
| Definitely yes | 4 | 57.1 |
| Probably yes | 2 | 28.6 |
| Might or might not | 1 | 14.3 |
| Belief in benefit from MI interventions | | |
| Yes | 4 | 57.1 |
| No | 1 | 14.3 |
| Maybe | 2 | 28.6 |
| Continue to use MI interventions | | |
| Definitely yes | 5 | 71.4 |
| Probably yes | 1 | 14.3 |
| Might or might not | 1 | 14.3 |

Discussion

- Training effectiveness – improved confidence due to increased knowledge.
- Care team performance – positive responses in the frequency, comfort, and use of MI intervention skills in the clinic.
- Change in practice – most care team members reported implementing MI interventions when they came across obese individuals with schizophrenia in the clinic.

Recommendations

1. Provide MI implementation training to care team members of the community-based mental health agency's other clinics.
2. Provide training to other trainers and provide frequent short-term follow-up booster training.
3. Collaborate with the quality assurance and analytics department to create a data set to track MI interventions and clients weight.
4. Measure weight outcomes and bill for the care team's implementation of the MI interventions.

Conclusions

- This is the first known project to focus on a care team with psychiatric technicians who were taught MI interventions focused on weight loss for obese adult individuals with schizophrenia.
- Over half of the care team members believed that MI was an effective tool for weight loss that could be implemented in their daily routine.