It’s not the car. It’s the driver. Robert Rhode, Ph.D.
Do you value your clients believing that they can

- cope with life?
- understand their illness?
- cope with their illness?
- keep themselves healthy?
- be confident about their health?
- help themselves?

Then help your clients:

1. feel at ease.
2. tell their story.
9. take control.
10. make a plan of action with you.

And do these things:

3. Really listen
4. Be interested in them as a whole person.
5. Understand their concerns.
6. Show care and compassion.
7. Be positive.
8. Explain things clearly.

NIMH sponsored Treatment of Depression Collaborative Research Program

239 randomly assigned patients entered one of four treatment conditions at 3 research sites.

4 brief (16-20 sessions) outpatient tx for depression.

- cognitive-behavioral therapy (CBT).
- interpersonal therapy (IPT).
- imipramine + clinical management (IMI-CM).
- pill placebo + clinical management (PLACM) as a double-blind control.

NIMH sponsored Treatment of Depression Collaborative Research Program

Therapists were MD & PhD with an 11+ years of experience.

“Patients in all treatments showed significant reduction in depressive symptoms and improvement…

there were few significant differences in effectiveness among the four treatments in the primary analyses.”

Hamilton Rating Scale for Depression
scores at end of treatment

Placebo  CBT  Intepr th  Imipramine

less severe depression  more severe depression
baseline HRSD >=20
There were more and less effective therapists for each treatment.

- More effective
- Moderately effective
- Less effective
- More improved
- Moderately improved
- Less improved

Interper th | CBT | imipramine

-1.2 | -0.8 | -0.4 | 0 | 0.4 | 0.8 | 1.2
It’s not just the car…

“significant differences exist in therapeutic efficacy among therapists, even within the experienced and well-trained therapists … overall results indicate that qualities of the therapist are important dimensions that appear to influence therapeutic outcome.”

Some psychiatrists helped patients with depression more by Rx a placebo than some psychiatrists who Rx imipramine.

Hypericum (St. John’s Wart), sertraline (Zoloft), & placebo compared.

340 outpatients meeting criteria for major depressive disorder.
   3 mild, 261 moderate, 70 marked, 6 severe.

“Everybody has won and must have prizes”
or,

the interaction with the therapist helps almost regardless of what medication the therapist was using.

Hamilton Depression Scale total score

Week

Hypericum
Placebo
Sertraline
Percent of patients

- **Full response (HAM-D <=8)**
  - Hypericum: 30%
  - Placebo: 20%
  - Sertraline: 25%

- **Partial response (HAM-D 9-12)**
  - Hypericum: 10%
  - Placebo: 5%
  - Sertraline: 15%

- **No response**
  - Hypericum: 50%
  - Placebo: 50%
  - Sertraline: 60%
Everybody wins is not an isolated finding

35 trials submitted to FDA.

- 5 of fluoxetine (Prozac), 6 of venlafaxine (Effexor), 8 of nefazodone (Serzone), & 16 of paroxetine (Paxil).

- 5,133 patients. 3,292 of whom had been randomized to medication and 1,841 of whom had been randomized to placebo.

Hamilton Rating Scale of Depression

Regardless of the car, it’s not just the car

15 therapists in a managed care organization with at least 3 patients receiving concurrent medications and 3 patients receiving no medication. 167 patients.

30 item self-report questionnaire derived from the Outcome Questionnaire - 45.

More effective therapists  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15

Less effective therapists

Move improvement

Residual gain scores.

Therapist

“for the more effective therapists, their patients on medication did considerably better than did their patients not on medication”

“for less effective therapists, patients seem to benefit little from the medications.”
Proportion of variance of patient improvement due to the **therapist**

“This result is counterintuitive because the effects of medication should be independent of the administrator if the major benefits are due to the specific compounds rather than to the manner in which medication is given or to the nature of the concurrent psychotherapy.”

Pt NOT receiving Rx

Pt receiving Rx
It’s not the program, it’s the driver.

61 male clients attending methadone maintenance clinic at Philadelphia VA hospital.

2 counselors with 5+yr experience reassigned (accident, family; not discipline related) within 1 week and the clients were distributed to 4 other counselors (12, 16, 16, & 17 clients).

Client experience compared 6 months before & 6 months after transfer to new counselor.

% of positive urinalysis before and after transfer to new counselor
% of clients employed before and after transfer to new counselor

1. 
2. 
3. 
4.
189 Standardized patient visits. Presented to 100 MDs with chest pain characteristic of gastroesophageal reflux disease (GERD) [nocturnal chest pain & associated fatigue because of sleep loss, symptoms affected by food intake, relieved by antacid] or poorly characterized chest pain [generalized pain, fatigue, dizziness, moderate emotional distress].

• “Do you think this could be something serious?”
• “I first thought it was heartburn, but just want to make sure that this was not something serious.”
• “You hear a lot about cancer or heart disease, I was worried about that…”
Patient expression of worry

40% Acknowledgement

17% Biomedical inquiry

11% Medical explanation wo reassurance

10% Reassurance +/- medical explanation

6% Empathy

51% Biomedical inquiry
14% Action
14% Change of topic

52% Change of topic
11% Action
9% Medical explanation
6% Reassurance
6% Explore psychosocial

41% Action
27% Reassurance
18% Biomedical inquiry
5% Change of topic

48% Action
27 Medical explanation
8% Change of topic

38% Biomedical inquiry
24% Change of topic
14% Action
14% Reassurance
Responding to patient worry

- 51 oncologists had 292 empathic opportunities during 398 consults.
- 90% of patients had known their oncologists for at least 6 months and had more than two visits.
- The mean length of conversations was 18 minutes.

Responding to patient worry

Of the empathic opportunities

• 68% were direct: “I’m scared about what my lower white blood count means. ”

• 33% were indirect: “Oh no. What do we do now? ”

• Oncologists reported high confidence in their abilities to address patients’ concerns (rating self at 4 on a 5-point scale) and believed that addressing emotions would benefit patients (rated 4 on a 5-point scale).
Continuers = facilitating more talk about emotional concern

**Name patient emotion:** “I wonder if you’re feeling sad about the test result.”

**Empathizing:** “I can imagine how scary this must be for you.”

**Affirmation:** “I applaud you for your courage in all of this.”

**Support:** “I will be with you until the end.”

**OEQ:** “Tell me more about what is upsetting you.”
• Oncologists responded to 27% of the empathic opportunities with continuers.
• The other 73% they used terminators (“Give us time. We are getting there.”)
• 41% of oncologists never used a continuer in response to an empathic opportunity.
• No difference in response based on whether patients expressed their emotions directly or indirectly.
MD’s empathy & patient enablement.

Patients who perceived their primary care physician to be empathic (CARE measure) indicated higher enablement (Patient Enablement Instrument).

True regardless of socio economic status.

Highest levels of enablement occurred with highest levels of empathy and never occurred with lowest levels of empathy.

Empathy and the common cold

Patients had a shorter duration (5.9 vs 7 days) if their primary care physician was perceived as empathic.

Higher empathy

Lower empathy

% still reporting a cold that day

Days following initial visit to MD

MDs who value collaboration and empathy have patients who are more successfully managing their diabetes.

Physicians who value collaboration and empathy have patients who are more successfully managing their LDL.

It’s the driver’s empathy, not the car.

- Problem drinkers were randomly assigned to bibliotherapy or to one of 9 outpatient counselors, all delivering the same behavioral self-control training.

- 3 supervisors rated counselors’ levels of empathy (Truax & Carkhuff scale) with high inter-rater reliability.

Therapists ordered by empathy level, high to low

% of clients with successful outcome
Motivational interviewing to improve taking antidepressant Rx.

50 Latinos with a DSM-IV diagnosis of major depression or dysthymia receiving tx at community mental health center that provided bilingual mental health services.

41yo, 76% female, 90% preferred to speak Spanish, 56% less than high school educ.

6yr antidepressant tx, 7yr diagnosed with depression.

Motivational interviewing to improve taking antidepressant Rx.

Usual care at center including pharmacotherapy + some psychotherapy.

Motivational enhancement therapy for antidepressants: two individual sessions
#1 - baseline to 5 weeks
#2 - 5 weeks to 5 months.
% of days taking medication as per Medication Event Monitoring System (MEMS)

![Bar chart showing the percentage of days taking medication over 5 weeks and 5 months for Usual care and motivational interviewing.](chart.png)

- **Usual care**
  - 5 weeks: 41%
  - 5 months: 62%

- **Motivational interviewing**
  - 5 weeks: 73%
  - 5 months: 62%
% of patients in remission, BDI <14

5 months

Usual care: 21%
motivational interviewing: 50%
Another effort using motivational interviewing to improve taking antidepressant Rx.

50 Latinos seeking care for major depressive disorder.

40yo, 48% male, 11yr educ.

12 weeks open-label antidepressant therapy provided by a psychiatrist using sertraline, venlafaxine XR, or bupropion SR.

Motivational pharmacotherapy manual to guide consults.

Motivational Pharmacotherapy for Depressed Latinos (MPT-DL)

Intervention Manual

Ivan C. Balan, Ph.D.
Theresa B. Moyers, Ph.D.
Roberto Lewis-Fernandez, M.D.
What have you been able to accomplish even when you weren’t sure you would be able to do it?

- What about coming to the U.S?
- What about making due with a limited budget?
- What about raising your children in such a dangerous neighborhood?

How did you overcome your feelings of doubt or hopelessness about achieving that goal?

How did you remember on those days that you did take the pills?
What the client says during the consult & the client getting the Rx filled.

20 physicians & mid-level practitioners at urban community health care system.

63 patients who received Rx for antidepressant.

50yo, 73% female, 40% Hispanic.

Pharmacy records used to learn if patient filled first time and then refilled Rx every 30 days over 6 months.

Sometimes clients talk about why they don’t want medications. They think, pills that will control the impulses of bad dreams or voices is helping. Only 50% of the people is it helping. 1000%? That’s bullshit.

In motivational interviewing, these kinds of statements are called sustain talk.
Sometimes clients talk about why they might take medications. I really don’t like taking medicine but if it’ll make me feel a little better and feel not so depressed then ah, I’ll try it... if it’ll help me and won’t make me feel worse than I did before. In motivational interviewing, these kinds of statements are called change talk.
Percent of days across 6 months that medication was available based on filling Rx

Change talk statements made by client during consult

- 0 - 1: 37
- 2 - 4: 63
What provider behavior was associated with the client change talk?

- Complex reflections
- Affirmations
- Empathy

Change talk
If there was an effort to enhance health care that included more than just the car, & made you a better driver, what might that look like?
Woul have

1. Provides dignity and respect.
2. Includes a caring therapeutic relationship.
3. Honors the whole person - mind, body, and spirit.
4. Recognizes the innate capacity to heal.
5. Offers choices for complementary and conventional therapies.
How well do these fit with your approach to client care?

1. Client and practitioner are partners in the healing process.

2. Factors that influence health, wellness, and disease include mind, spirit, community, & the body.

3. Effective interventions that are natural and less invasive should be used whenever possible.

4. Good medicine is based in good science.
5. Alongside the concept of treatment, the broader concepts of health promotion and the prevention of illness are paramount.

6. Practitioners should commit themselves to self-exploration and self-development.

7. Appropriate use of both conventional and alternative methods facilitates the body's innate healing response.
1. Improving access to health care.
2. Strengthening the health care workforce.
4. Providing health care to people who are geographically isolated, economically or medically vulnerable.
and

in cooperation with the

1 “This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UE1HP27710, Integrative Medicine: Empowering Communities through Interprofessional Primary Care Teams for $1,699,998. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.”
Changing primary care health professionals’ education to incorporate an interprofessional integrative approach
<table>
<thead>
<tr>
<th>Programs surveyed</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complimentary &amp; Alternative Medical Education Program</td>
<td>168</td>
<td>40.0%</td>
</tr>
<tr>
<td>Primary Care Residency</td>
<td>111</td>
<td>26.4%</td>
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<tr>
<td>Nursing</td>
<td>37</td>
<td>8.8%</td>
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<tr>
<td>Pharmacy</td>
<td>36</td>
<td>8.6%</td>
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<tr>
<td>Public Health</td>
<td>22</td>
<td>5.2%</td>
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<tr>
<td>Other</td>
<td>20</td>
<td>4.8%</td>
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<tr>
<td>Behavioral Health</td>
<td>12</td>
<td>2.9%</td>
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<tr>
<td>Midwifery</td>
<td>8</td>
<td>1.9%</td>
</tr>
<tr>
<td>Physician Assistant Program</td>
<td>6</td>
<td>1.4%</td>
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<td><strong>Total</strong></td>
<td>420</td>
<td>100</td>
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<tr>
<td>Areas identified as important for an integrative healthcare course</td>
<td>rating</td>
<td></td>
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<tr>
<td>---------------------------------------------------------------</td>
<td>--------</td>
<td></td>
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<tr>
<td>Practitioner‐patient communication</td>
<td>4.75</td>
<td></td>
</tr>
<tr>
<td>Nutrition and diet</td>
<td>4.74</td>
<td></td>
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<tr>
<td>Behavior change/Patient motivation</td>
<td>4.74</td>
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<tr>
<td>Patient‐centered care</td>
<td>4.73</td>
<td></td>
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<tr>
<td>Physical activity/exercise</td>
<td>4.66</td>
<td></td>
</tr>
<tr>
<td>Lifestyle counseling</td>
<td>4.64</td>
<td></td>
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<tr>
<td>Stress management</td>
<td>4.61</td>
<td></td>
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<tr>
<td>Practitioner wellness/self-care</td>
<td>4.44</td>
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</table>

Rating scale:
1 = not at all important  to 5 = very important
## Top Rated Content Areas to Include:

<table>
<thead>
<tr>
<th>Area</th>
<th>N</th>
<th>Mean</th>
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<tbody>
<tr>
<td>Nutrition and diet</td>
<td>300</td>
<td>2.36</td>
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<tr>
<td>Patient-centered care</td>
<td>207</td>
<td>2.74</td>
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<tr>
<td>Physical activity/exercise</td>
<td>190</td>
<td>2.89</td>
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<td>Behavior change/Patient motivation</td>
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<td>Lifestyle counseling</td>
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<td>3.13</td>
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<tr>
<td>Practitioner-patient communication</td>
<td>164</td>
<td>3.04</td>
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Scale: 1st to 5th   N=414
Developed a 45-hour online curriculum to enhance inter-professional integrative healthcare in primary care educational programs.
- Introduction to integrative health in primary care.
- How to address patients through an integrative lens in primary care.
- Integrative interventions.
- Prevention and lifestyle behaviors.
- Integrative healthcare in community settings & systems at large.
- Self-care.
- Final reflection.
## Integrative healthcare course timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>Pilot site recruitment</td>
<td>Fall 2015</td>
</tr>
<tr>
<td>Test course at pilot sites</td>
<td>Jan – Aug 2016</td>
</tr>
<tr>
<td>Revise course</td>
<td>Sep – Feb 2017</td>
</tr>
<tr>
<td>Course available online free of charge</td>
<td>Mar - Aug 2017</td>
</tr>
<tr>
<td>75 pilot sites with 2,306 participants (517 faculty &amp; 1,789 trainees)</td>
<td>N</td>
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<tr>
<td>---------------------------------------------------------------</td>
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</tr>
<tr>
<td>Community Centers</td>
<td>1016</td>
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<tr>
<td>Integrative Medicine</td>
<td>364</td>
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<tr>
<td>Family Medicine</td>
<td>328</td>
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<tr>
<td>Complementary Integrative Health</td>
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<tr>
<td>Nursing</td>
<td>126</td>
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<tr>
<td>Medical School</td>
<td>57</td>
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<tr>
<td>Primary Care</td>
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<td>Pharmacy</td>
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<tr>
<td>Preventive Medicine</td>
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<tr>
<td>Oriental Medicine</td>
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<tr>
<td>75 pilot sites</td>
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<tr>
<td>--------------------------------------</td>
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<tr>
<td>Internal Medicine</td>
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<tr>
<td>Physician Assistant</td>
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<tr>
<td>Occupational Medicine</td>
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<tr>
<td>Internal Medicine</td>
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<td>Behavioral Health</td>
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<td>Public Health</td>
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<td>VA Medical Center</td>
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<td>Physical Therapy</td>
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Changing primary care health professionals’ education to incorporate an interprofessional integrative approach

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