# CATCH RURAL Falls

***Coordinated Action Toward Community Health: RedUce Risk And Limit Falls***

## Fall Risk Management with Motivational Interviewing

University of Nebraska Medical Center

# Acknowledgements: Funding for the CATCH RURAL Falls Program

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*The content is solely the responsibility of the presenters and does not necessarily represent the views of any funding source.*

# Introductions and Contact Information

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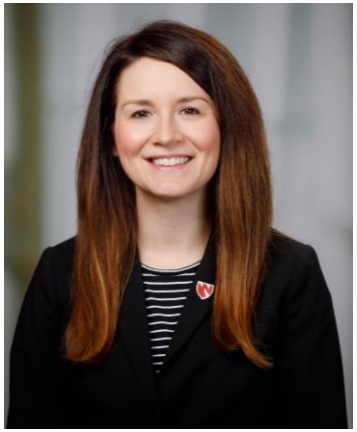

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# Educational Objectives

Explore motivational interviewing as a communication strategy with patients/clients:

- Identify four foundational principles of Motivational Interviewing
- Describe key communication strategies (OARS) to engage patients who have fall risk

# STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention among Community-Dwelling Adults 65 years and older

**START HERE**

**1 SCREEN** for fall risk yearly, or any time patient presents with an acute fall.

**Available Fall Risk Screening Tools:**

- **Stay Independent: a 12-question tool** [at risk if score ≥ 4]
  - **Important:** If score < 4, ask if patient fell in the past year (if **YES** → patient is at risk)
- **Three key questions** for patients [at risk if **YES** to any question]
  - Feels unsteady when standing or walking?
  - Worries about falling?
  - Has fallen in past year?
    - » If **YES** ask, "How many times?" "Were you injured?"

## SCREENED NOT AT RISK

**PREVENT** future risk by recommending effective prevention strategies.

- Educate patient on fall prevention
- Assess vitamin D intake
  - If deficient, recommend daily vitamin D supplement
- Refer to community exercise or fall prevention program
- Reassess yearly, or any time patient presents with an acute fall

## SCREENED AT RISK

**2 ASSESS** patient's modifiable risk factors and fall history.

**Common ways to assess fall risk factors are listed below:**

**Evaluate gait, strength, & balance**
Common assessments:
- Timed Up & Go
- 30-Second Chair Stand
- 4-Stage Balance Test

**Identify medications that increase fall risk**
(e.g., Beers Criteria)

**Ask about potential home hazards**
(e.g., throw rugs, slippery tub floor)

**Measure orthostatic blood pressure**
(Lying and standing positions)

**Check visual acuity**
Common assessment tool:
- Snellen eye test

**Assess feet/footwear**

**Assess vitamin D intake**

**Identify comorbidities**
(e.g., depression, osteoporosis)

**3 INTERVENE** to reduce identified risk factors using effective strategies.

**Reduce identified fall risk**
- Discuss patient and provider health goals
- Develop an individualized patient care plan (see below)

**Below are common interventions used to reduce fall risk:**

**Poor gait, strength, & balance observed**
- Refer for physical therapy
- Refer to evidence-based exercise or fall prevention program (e.g., Tai Chi)

**Medication(s) likely to increase fall risk**
- Optimize medications by stopping, switching, or reducing dosage of medications that increase fall risk

**Home hazards likely**
- Refer to occupational therapist to evaluate home safety

**Orthostatic hypotension observed**
- Stop, switch, or reduce the dose of medications that increase fall risk
- Educate about importance of exercises (e.g., foot pumps)
- Establish appropriate blood pressure goal
- Encourage adequate hydration
- Consider compression stockings

**Visual impairment observed**
- Refer to ophthalmologist/optometrist
- Stop, switch, or reduce the dose of medication affecting vision (e.g., anticholinergics)
- Consider benefits of cataract surgery
- Provide education on depth perception and single vs. multifocal lenses

**Feet/footwear issues identified**
- Provide education on shoe fit, traction, insoles, and heel height
- Refer to podiatrist

**Vitamin D deficiency observed or likely**
- Recommend daily vitamin D supplement

**Comorbidities documented**
- Optimize treatment of conditions identified
- Be mindful of medications that increase fall risk

**FOLLOW UP** with patient in 30-90 days.

Discuss ways to improve patient receptiveness to the care plan and address barrier(s)

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Four processes as the basis for the motivational interviewing approach:

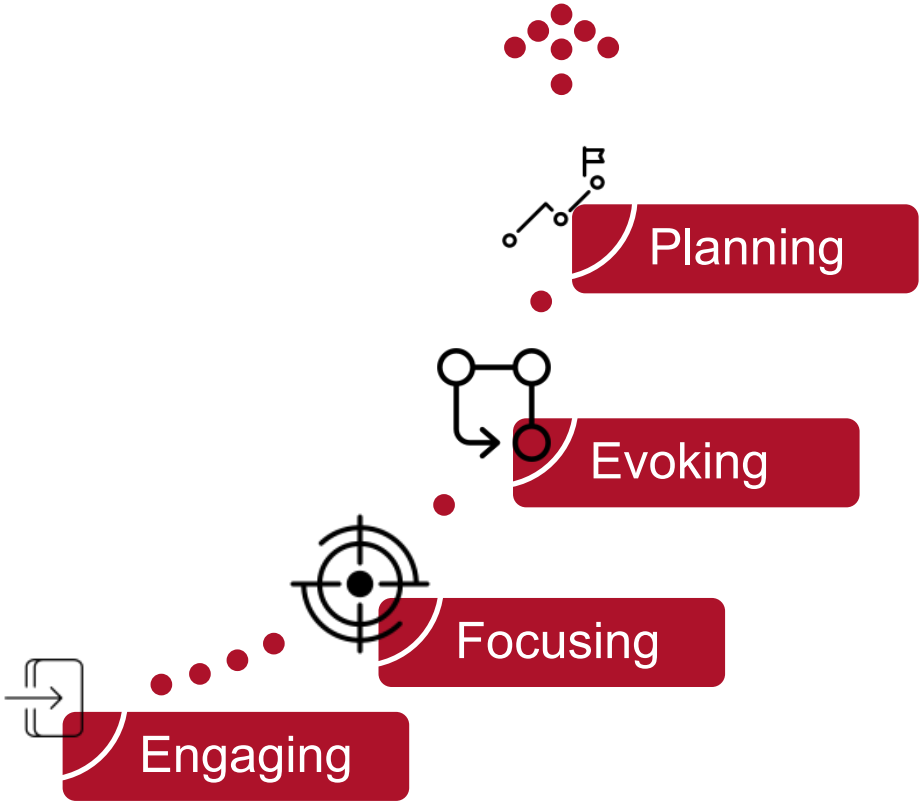
- **Engaging**
- **Focusing**
- **Evoking**
- **Planning**

**Motivational Interviewing**

- **O**pen-ended questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummarizing

**Communication Strategies**

# Motivational Interviewing



Assessment Trap

Expert Trap

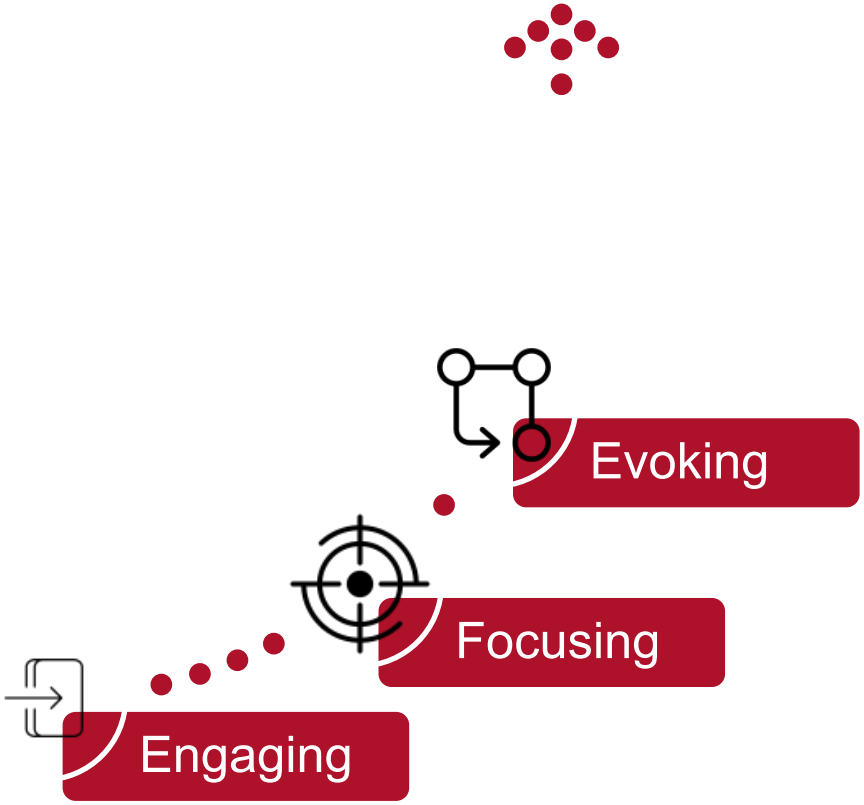
Premature Focus Trap

Labelling Trap

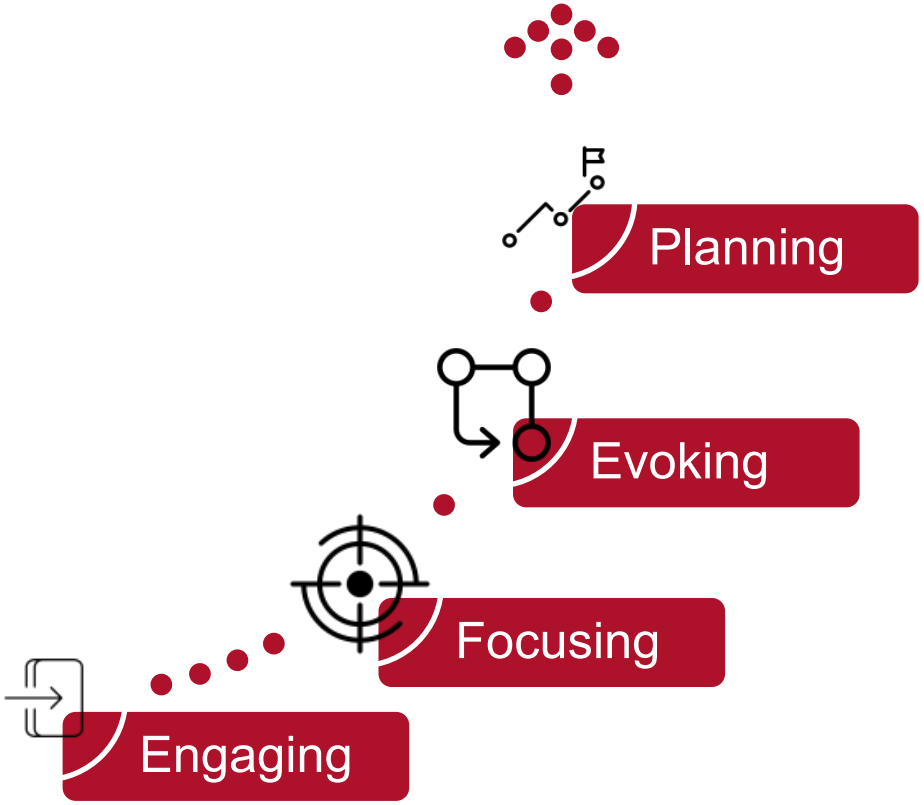
# Motivational Interviewing 1

# Motivational Interviewing 2

# Motivational Interviewing 3



# Motivational Interviewing 4

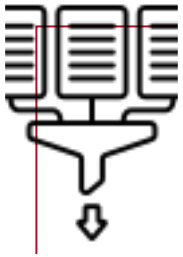


# Communication Strategies (OARS)

**O**pen-ended questions

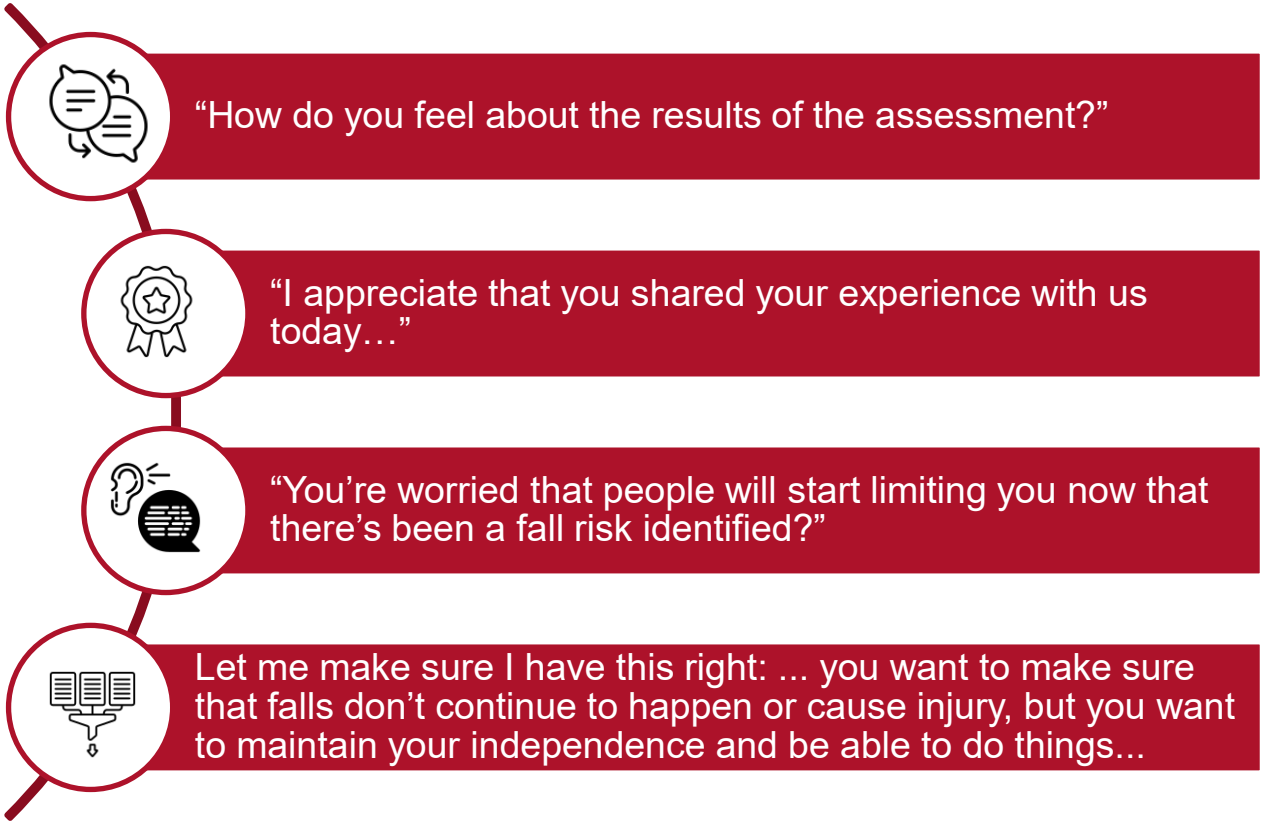
**A**ffirmations

**R**eflective Listening



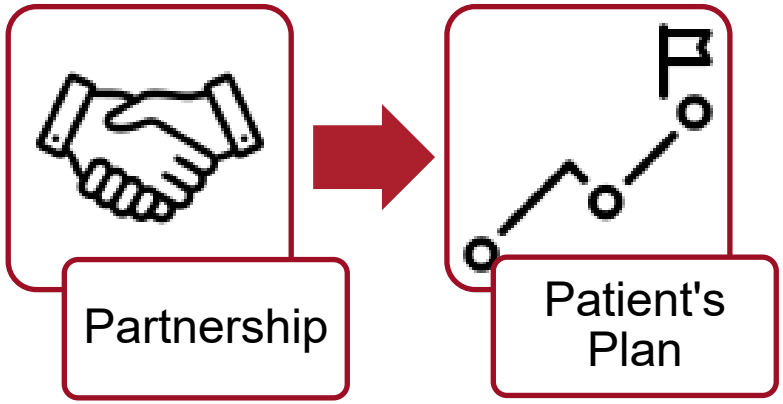
**S**ummarizing

# Sample OARS conversation



# Summary: Review of Objectives

Foundational principles of motivational interviewing




Key communication strategies

# References and Resources


- CDC STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention
- Miller, W. R., & Rollnick, S. (2002). Motivational interviewing: Preparing people for change (2nd ed.). New York, NY: Guilford Press.
- Enhancing Motivation for Change in Substance Use Disorder Treatment: Updated 2019 [Internet]. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2019. (Treatment Improvement Protocol (TIP) Series, No. 35.) **Chapter 3—Motivational Interviewing as a Counseling Style. Available from: https://www.ncbi.nlm.nih.gov/books/NBK571068/**

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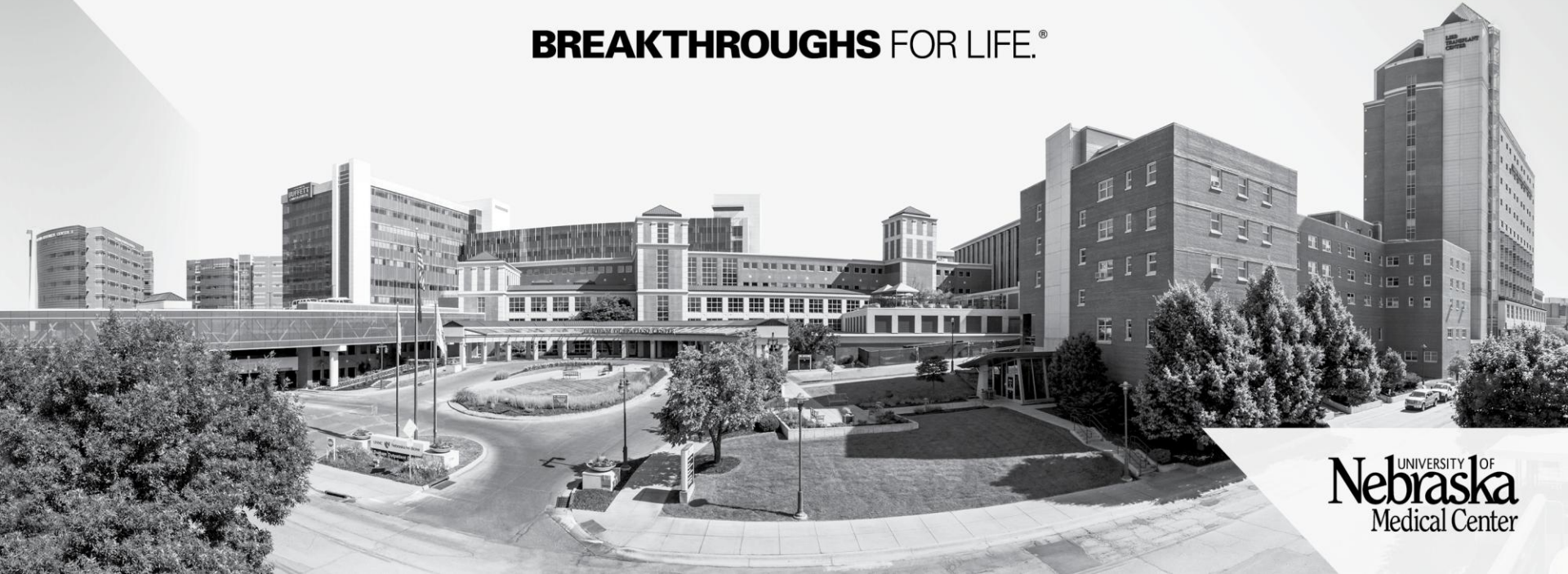

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