

National Association of School Nurses

21st Century
Student-Centered School Nursing
"Motivational Interviewing"

2016 Winter Webinar Series

Presenter

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Objectives

1. Identify differences between pathogenic and health paradigms and communication methods in regards to influencing individual health behaviors.
2. Define and describe motivational interviewing.
3. Identify situational elements to be considered before initiating motivational interviewing.
4. Identify steps in motivational interviewing process.
5. Apply the process of motivational interviewing with students, groups, faculty/staff, and/or parent-student dyad.


Pathogenic vs. Health Paradigms

- Pathogenic paradigm –defines health as absence of disease
 - Focuses on what is not working within system and then fixes it
 - Health behavior is based on how client complies with health care provider recommendation
- Health paradigm – defines health as “fluid and flexible process”
 - Humans are interconnected to the environment
 - Health behavior is based on holistic view of lifestyle and interaction with environment

Communication Methods

- Direct communication including use of authority, coercion, persuasion, confrontation, or external contingencies to change behaviors
- Motivational interviewing (MI) communication that identifies and utilizes the individual’s intrinsic values and goals to change behaviors





Research: Communication with Health Care Providers

- Non-effective, direct communication often leads to barriers to optimal outcomes or change in behavior
- Most clients can identify 3-4 issues want to discuss with health care provider
- Average health care provider interrupts client disclosure of information after 18 seconds
- 30-60% of medical information discussed is forgotten
- 50% of medical treatment regimens are not followed to fullest extent



Situational Elements to Consider before Motivational Interviewing

- Amount of time available to interact
- Frequency of interruptions
- Resources – school, family, community
- Tools for MI – readiness ruler, calendar
- Frequency of checking in on progress



Motivational Interviewing

- Person-centered collaborative counseling or communication style related to changing behavior and addressing problems or ambivalence about change
- Examination & resolution of ambivalence is central purpose and helps client(s) change behavior
- Evokes client's motivation or commitment to change through assessment of "readiness to change"



Motivational Interviewing

- Focused & goal-directed method of communication typically focusing on one type of behavior at a time
- Used during a single session/communication exchange or over the course of multiple sessions/communication exchanges
- Client-centered because provider attempts to understand the client's expectations, beliefs, perspectives, and concerns about changing behavior



Research: Regarding MI with Adolescents

- Meta-analysis of MI with adolescents demonstrates positive effects particularly with health-promoting behaviors such as physical activity, weight, nutrition/diet, and sleep



Research: Regarding MI with Parent-Child Dyad

- MI parent-child dyad particularly supportive when focusing on oral health, diet, physical activity, reduced screen time, smoking cessation, reduced second hand smoke, and body mass index
- MI parent-child dyad has insufficient evidence when focusing on weight-related outcomes such as proportion of overweight/obese, waist circumference, and proportion of body fat



Principles of MI

- Express empathy – see situation through client’s perspective
- Support self-efficacy – focus on personal strengths and previous successes
- Roll with resistance – avoid negative or authoritative statements
- Develop discrepancy – help client examine current situation/behavior in comparison to values or future goals



Process of Motivational Interviewing

- Engage – student with client centered communication
- Motivate – identify student values and goals to motivate them in change behavior process
- Plan – assist student in developing a realistic plan (SMART goal) for change of behavior



Establishing SMART Goals

- Specific
 - Measurable
 - Attainable
 - Realistic
 - Time Sensitive
- Example: I will walk around my neighborhood for 30 minutes 5 days per week during the month of April.



Motivational Interviewing is when the provider

- Seeks to understand the person's frame of reference, particularly via reflective listening
- Expresses acceptance and affirmation
- Elicits and selectively reinforces the client's own self motivational statements expressions of problem recognition, concern, desire and intention to change, and ability to change
- Monitors the client's degree of readiness to change, and ensures that resistance is not generated by jumping ahead of the client
- Affirms the client's freedom of choice and self-direction



Motivational Interviewing is NOT when a provider

- argues that the person has a problem and needs to change
- offers direct advice or prescribes solutions to the problem without the person's permission or without actively encouraging the person to make his or her own choices
- uses an authoritative/expert stance leaving the client in a passive role
- does most of the talking, or functions as a unidirectional information delivery system
- imposes a diagnostic label
- behaves in a punitive or coercive manner



MI – Phase I

- Resolve ambivalence toward change – identify gap between current health behaviors vs desired health behavior or outcome
- Example: *“On the one hand I heard you say [insert information] and on the other hand I heard you say [insert other side of situation].”*





MI – Phase II

- O – Open-ended questions – invite client to elaborate or broaden thinking
- A – Affirmations – build rapport and identify client strengths
- R – Reflective listening – helps express empathy & guides client toward change
- S – Summarizing interaction – capture important points of interaction and transition to providing direction or next steps for client



O = Open-Ended Questions

- *“Tell me what you like about your [insert risky/problem behavior].”*
- *“What’s happened since we last met?”*
- *“What makes you think it might be time for a change?”*
- *“What brought you here today?”*
- *“What happens when you behave that way?”*
- *“Tell me more about when this first began.”*
- *“What’s different for you this time?”*
- *“What was that like for you?”*
- *“What’s different about quitting this time?”*



A = Affirmations

- *“Your commitment really shows by [insert a reflection about what the client is doing].”*
- *“You showed a lot of [insert what best describes the client’s behavior—strength, courage, determination] by doing that.”*
- *“It’s clear that you’re really trying to change your [insert risky/problem behavior].”*
- *“By the way you handled that situation, you showed a lot of [insert what best describes the client’s behavior—strength, courage, determination].”*
- *“With all the obstacles you have right now, it’s [insert what best describes the client’s behavior—impressive, amazing] that you’ve been able to refrain from engaging in [insert risky/problem behavior].”*
- *“In spite of what happened last week, your coming back today reflects that you’re concerned about changing your [insert risky/problem behavior].”*



R = Reflective Listening

- *“It sounds like you recently became concerned about your [insert risky/problem behavior].”*
- *“It sounds like your [insert risky/problem behavior] has been one way for you to [insert whatever advantage they receive].”*
- *“I get the sense that you are wanting to change, and you have concerns about [insert topic or behavior].”*
- *“What I hear you saying is that your [insert risky/problem behavior] is really not much of a problem right now. What you do think it might take for you to change in the future?”*
- *“I get the feeling there is a lot of pressure on you to change, and you are not sure you can do it because of difficulties you had when you tried in the past.”*



S= Summarize

- *“It sounds like you are concerned about your cocaine use because it is costing you a lot of money and there is a chance you could end up in jail. You also said quitting will probably mean not associating with your friends any more. That doesn’t sound like an easy choice.”*
- *“Over the past three months you have been talking about stopping using crack, and it seems that just recently you have started to recognize that the less good things are outweighing the good things. That, coupled with your girlfriend leaving you because you continued to use crack makes it easy to understand why you are now committed to not using crack anymore.”*



Spirit of MI

- Collaboration (not confrontation) – partnership is formed between client and school nurse which builds rapport and develops trust
- Evocation or Drawing Out (not imposing ideas) – school nurse helps client to verbally express their thoughts, values, and goals
- Autonomy (no authority) – communication method empowers the client and gives client responsibility for making change happen





Identifying Change Talk

- Desire to change or intent to change
- Ability to change or optimism
- Reasons to change or problem recognition
- Need for change or concern if do not make change



Sustaining Change Talk

- Roll with the resistance to change that student may offer
- Reflect and respect student communication rather than reinforce the resistance to change or negative aspects of change talk



Tools for MI

MI Readiness to Change Ruler



Calendar



Application of MI in School Nursing

- Low intensity intervention with potential for high impact
- Use with individual student to identify and define change in behavior for improved health or academic outcomes
- Use with high-risk groups support change in behavior for improved health outcomes
- Use with student-adult dyad to identify and define change in behavior which may lead to improved health for all family members
- Use with faculty / staff to identify and define change in behavior for improved health and performance outcomes



Challenges of MI in School Nursing

- Unexpected interruptions - MI requires focused time and attention with student/parent
- Consistently using MI principles and OARS format during session/communication
- Availability of school nurse to follow up with student/parent
- Student/parent do not perceive situation as a problem
- Student and parent have different perceptions on problem
- Student/parent may find it difficult to make changes due to lack of finances or barriers outside of family control



MI Apps

Change Talk - developed to assist with conversations about childhood obesity

<http://www.kognito.com/changetalk/>





JOSN and School Nurse publications

- JOSN
 - 16 articles
- School Nurse
 - 5 articles
 - July 2015 – Framework for 21st Century School Nursing Practice
 - January 2016 – 4 articles related to MI



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