MI AIms:
Motivational Interviewing and Appreciative Inquiry Manifesting Success

Kathlynn Northrup-Snyder, PhD, RN, CNS
Annette Garner, MSN, RN, CNE
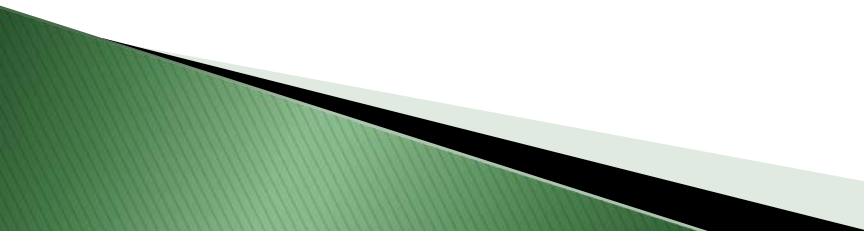Kristen Crusoe, EdD, MN, RN
and Sarah Wallace, MSN, RN
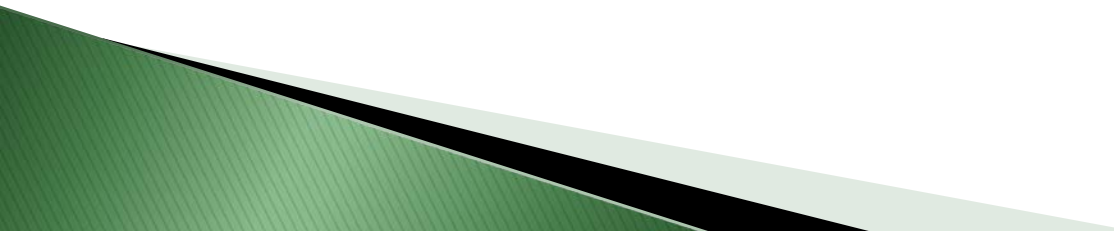
Presenter Disclosures

Kathlynn Northrup-Snyder

(1)   The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

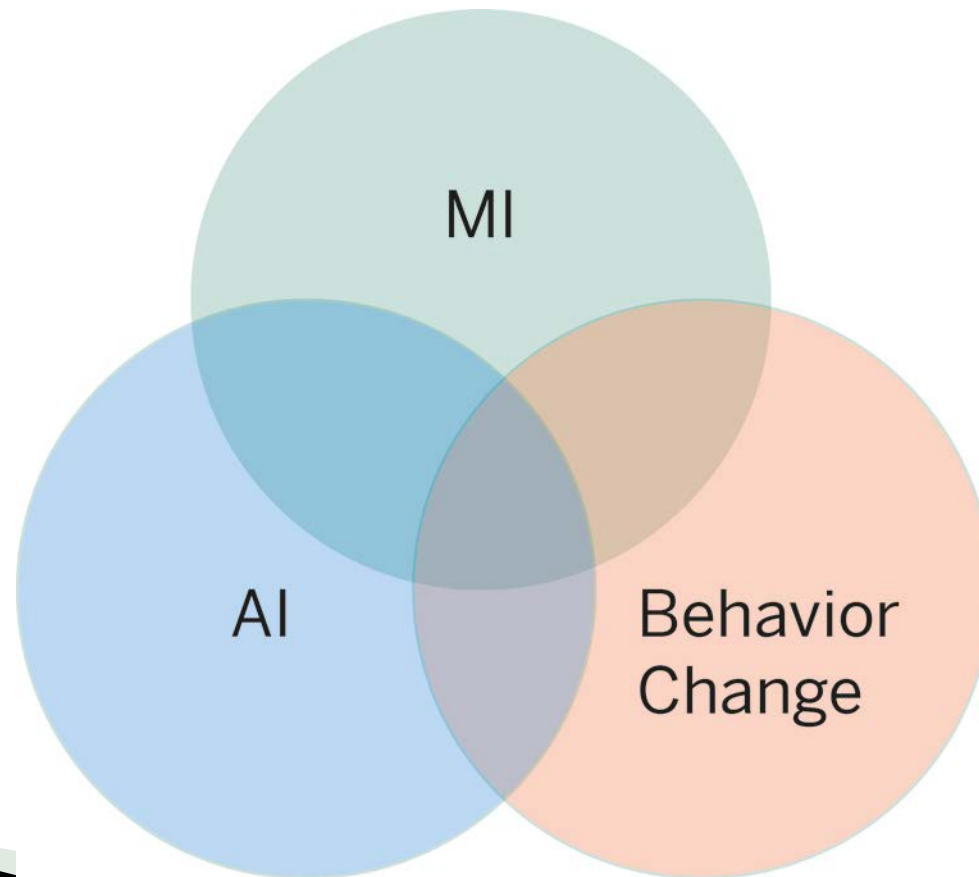Dr. Northrup-Snyder is owner/consultant for Community Health Concepts

Background

- Student transition to new professional is difficult (Benner, 1984)
- Motivational Interviewing is used in a variety of health care settings (Lundahl et al., 2010)
- Appreciative Inquiry is founded on the simple assumption that human systems – individuals, teams, organizations – move in the direction of what they study, focus on and talk about regularly. (Cooperrider and Whitney, 2005)

Purpose

- An exploration of outcomes after combining Motivational Interviewing (MI) and Appreciative Inquiry (AI) to support student learning, self confidence, and self efficacy within a rural and distance learning capstone clinical nursing course.

Motivational Interviewing and Appreciative Inquiry manifesting success (MI AIms)

Targeting Behaviors

- **Focus** to reduce overload of new behaviors adopted by the novice nurse.
  - Used Oregon Consortium of Nursing Education Competencies (OCNE) and Benchmarks to target behaviors.
  - Delegation as a set of behaviors (comp #4)
    - Creates & explains tasks including: purpose, outcome & timeframe
    - Delegates to others
    - Determine scope of practice & competence for relevant team members

Behavioral Theory

- Introduction to:
  - Stages of Change (Prochaska & DiClemente,1983)
    - *Readiness to engage in a behavior*

  - Integrated Behavioral Model (Fishbein, 2000, Montano & Kasprzyk, 2008)
    - *Factors that might influence ability to engage in change*

  - Implementation Intention Model (Golwitzer, 1996)
    - *If – then planning for factors that might derail change*

Definition of MI

- MI is a <u>collaborative</u>, <u>goal oriented</u> style of communication with particular attention to the <u>language of change</u>. It is designed to <u>strengthen personal motivation</u> for and <u>commitment to</u> a specific goal by <u>eliciting and exploring</u> the person's own reasons for change within an atmosphere of <u>acceptance</u> and <u>compassion</u> (Miller & Rollnick, 2013)

Goal focused, Engagement & Guiding Skills

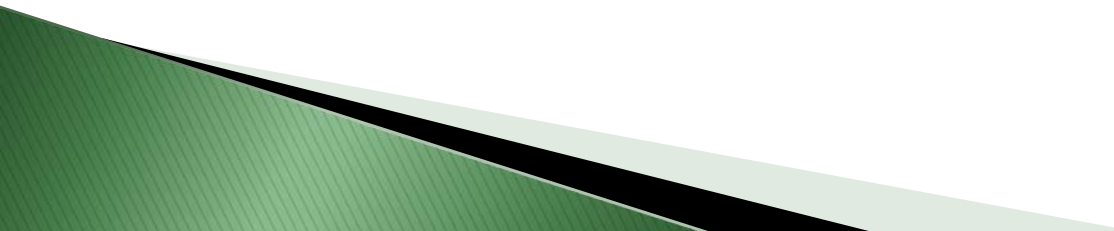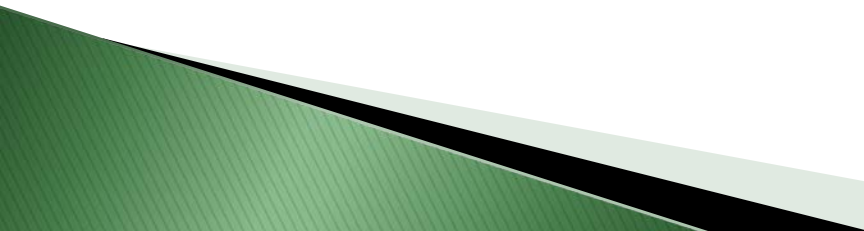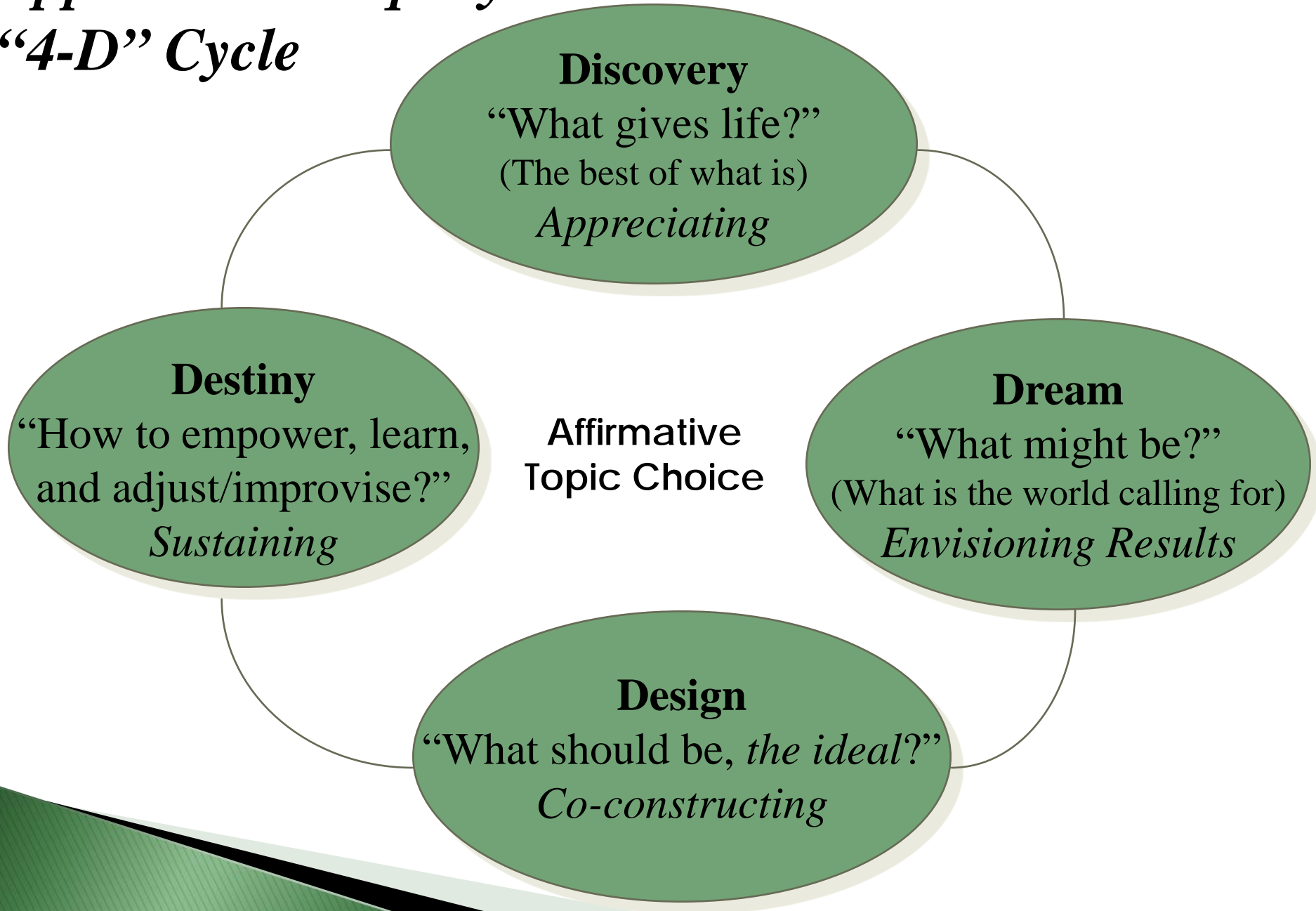| OARS	DARN-CATs
▣ <u>O</u>pen Ended questions ▣ <u>A</u>ffirmations ▣ <u>R</u>eflection ▣ <u>S</u>ummary	▣ <u>D</u>esire *(want, wish, like)* ▣ <u>A</u>bility *(can/could, able)* ▣ <u>R</u>easons *(Benefits/risks, why)* ▣ <u>N</u>eed *(Importance)* <u>Changing Context</u> ▣ <u>C</u>ommitment (I will) ▣ <u>A</u>ctivation (I've started) ▣ <u>T</u>aking <u>S</u>teps

Appreciative Inquiry

- Appreciative Inquiry (AI) is a way of thinking, seeing and acting for powerful, purposeful change in individuals, groups, and organizations.
- AI works on the assumption that *whatever we want more of already exists, within us.*
- AI generates images of the system that focus on the *Positive Core;* the forces that give life and energy. (Cooperrider & Whitney, 2005)

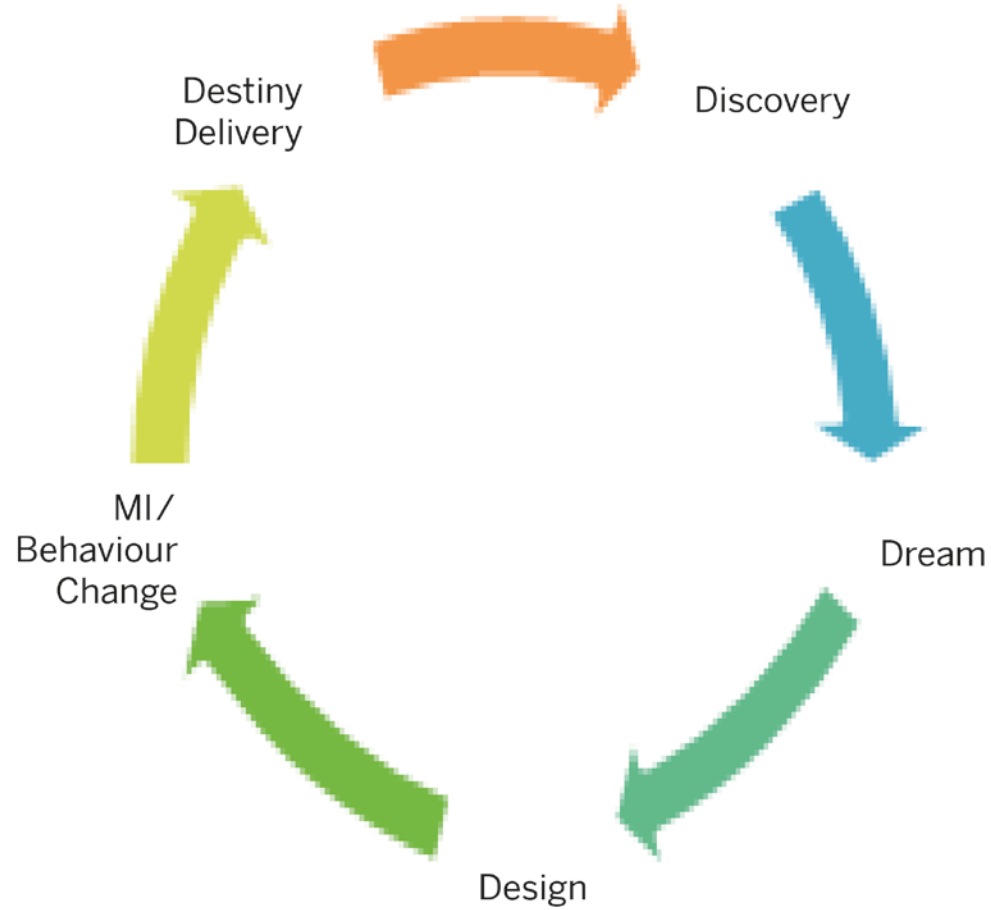# Foundational Principles of Appreciative Inquiry

- **Constructionist Principle**: The way we know is fateful.
- **Principle of Simultaneity**: Change begins at the moment you ask the question.
- **Poetic Principle**: Organizations are an open book.
- **Positive Principle**: The more positive the question, the greater and longer-lasting the change.

Appreciative Inquiry "4-D" Cycle

Discovery
"What gives life?"
(The best of what is)
Appreciating

Dream
"What might be?"
(What is the world calling for)
Envisioning Results

Affirmative
Topic Choice

Destiny
"How to empower, learn, and adjust/improvise?"
Sustaining

Design
"What should be, *the ideal*?"
Co-constructing

AI's 4D+MI cycle

Destiny Delivery → Discovery → Dream → Design → MI/ Behaviour Change → Destiny Delivery
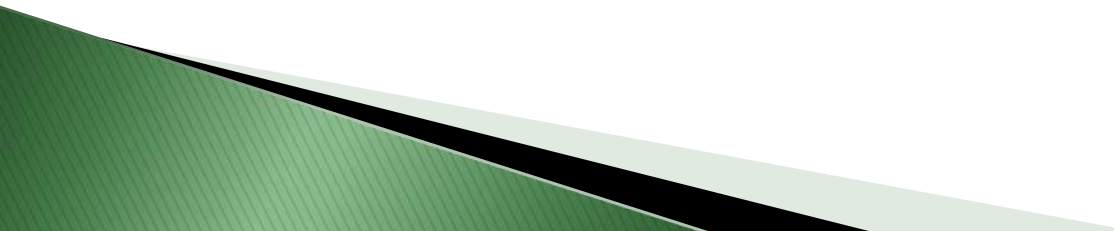
Action Research

- Pilot Study– explore of outcomes after combining Motivational Interviewing (MI) and Appreciative Inquiry (AI) to support student learning, self confidence, and self efficacy within a rural and distance learning capstone clinical nursing course.
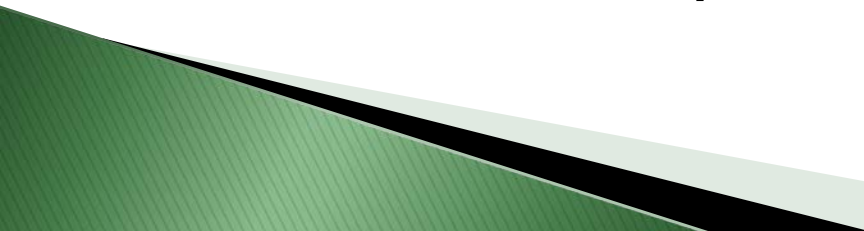
- Determine future steps for this MI AIms model

Methods

- Receive permission from Community College
  - 1 faculty and 4 students In the final Integrated Clinical experience.
- Provide 4 hour in person workshop
  - Introduce MI, AI, and behavior change concepts
  - Explore target nursing behaviors
  - Practice communication skills in dyads
  - Create "Dream" vision together
  - Create the Provocative Question

Methods

- Students complete 10 week clinical course
  - Address MI question within clinical log as they reflect on OCNE competencies through their nursing experience.
  - If you had someone trained in MI talking to you:
    - Where would you rate yourself on the 1-10 scales of importance, confidence, and readiness related to this issue?
    - What types of open-ended questions would you like to hear to help you explore your goal process?
    - What reflective statements might be helpful?
    - What affirmations (strengths/talents) would support your forward progress?
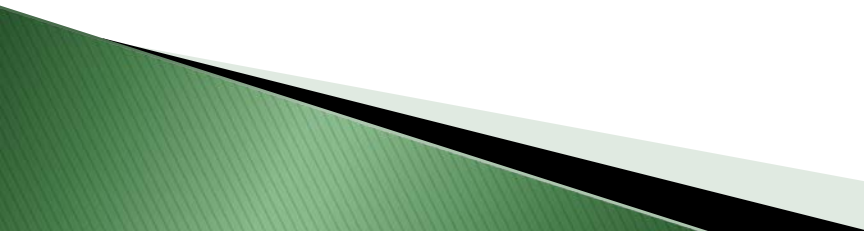 - Final debrief via Skype

Results

- Demographics: 4 white female pre-licensure nursing students.
- Provocative Proposition:
- MI reflections turned in 2-3 times. Initial clinical logs required some prompting on affirmations or other MI skills.
- A variety of experiences as each student was on a different hospital unit.
- Students didn't care for the reflections- faculty felt it took the students deeper in their self-analysis.

Behavioral Goals:

OCNE	OCNE	MI
• Improve Communication (Active Listener, Develop Relationships)- (3) • EBP Utilization- (3) • Time Management (3) • Clinical Judgment (2) • Delegation (2) • Educate (2) • Ethics	• Collaborate • Leader • Prioritizing • Resource Utilization • Responding to Ethical Dilemma • Seek Assistance • Self-care • Self-reflection	• Confidence (2) • Multi-tasking (2) • Self-care (2) • Time-management (2) • Charting • Delegation • EBP utilization • Improve Communication • IP Completion

Motivational Interviewing Skills

- All students captured open-ended questions
- Readiness, Confidence and Importance scales used appropriately
- All students captured reflections , although some did better than others
- **Affirmations** were hard for the students to capture, however affirmation focus included: Competence (75%); Confidence (50%), awareness, calm, resilience.

Motivational Interviewing Skills

- **50% wanted to Practice MI skills** to gain confidence/competence to communicate/develop relationship and feel more natural.
  - Practice MI with one patient each shift
  - Practice Motivational interviewing starting with one step first (Affirmations) working until all the parts are incorporated.
- *This is still something that doesn't feel natural. After more practice and experience I think it will come easier.*

Shift in Perspective- seeking collaboration

- Exploring Patient Focus
- Theory
- *This week I had a patient I would have thought of as non-compliant but instead used pre- contemplation. It was not just a change in my word charting but also in how I viewed the situation. My teaching moved towards getting him into the next state of change rather than teaching him all about what he "has to do"...*

Missed opportunity for MI

- 3 out of 4 students described situations where MI skills could have been used to develop the patient understanding or relationship. One student provided a reflection indicating she recognized the place for MI after the fact:
  - *"Pt was emotional and crying. Looking back at the situation, I realize that it would have been a good time to use MI. "'Tell me about how you're feeling.'"* *I wish I had thought of something to say in the moment but I think that reflecting on it afterwards will help prepare me for the next situation*

Appreciative Inquiry

▸ Within the Dream- students reflected on sub-themes

▸ **Dream** *"We are competent, compassionate, joyful, empowered, kind, helpful, passionate, resourceful, strong connectors, advocates, reliable, and thankful. We provide empathy and use balance to put pieces together and spread sunshine in a selfless, content and peaceful way that offers grace to self and others. We do this (above) to empower our patients."*

AI related themes

- **Grace-** *I have made a conscience effort to accept positive self statements with grace and have not in the whole week turned them around.*

- **Relationship building** – *I built a trusting rapport with the family and the patient. It was nice to feel appreciated for all that I do.*

- **Self-advocacy-** *I realized my limits and delegated tasks when needed.*
  - **Positive language-** *Use positive self- talk to get through hurdles that occur.*

- **Practice AI-** *What would it look like if you were completely comfortable when going through the process?*

AI related themes

▸ *Positive awareness using MI AIms tools*
  - **Confidence** – *I think my report was thorough without being long and drawn out. I felt confident about the report and think I portrayed that while giving it.*
  - **Preparation**– Dr had stated that he wanted to see a pt's wound. When I was ready to do wound care I let him know and we discussed the wound's progression. *I did well with my preparation this time, both with my pt information and wound care supplies.*

MI Aims Shift

▸ **Dream response-** *Being a nurse is more than just administering medications and performing skills. I have realized that I am also a teacher, lifetime learner, skill performer, advocate, communication utilizer, team player, and many other hats that the nurse wears on a daily basis. The journey seems like it just started and I still have a long way to go, which is partially true, but I am nearing the end of one portion of it.*
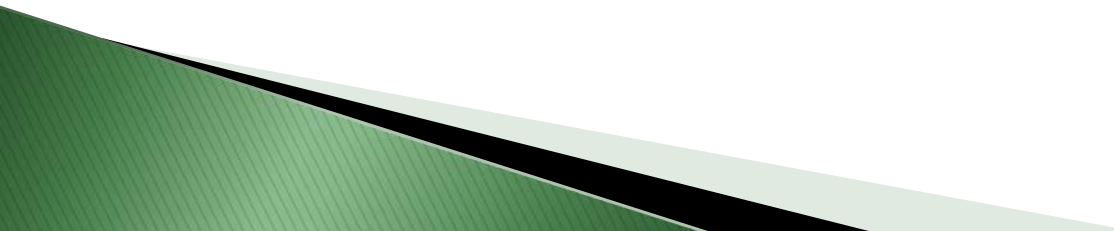
MI Spirit – Being AI

Conclusion

- Shifting from socialization to formation (Benner, 1984)
- *MI Spirit* and *Being AI* are at the heart of our work.
- AI encouraged students to create a vision of a successful nurse and positively explore the upcoming nursing experience.
- Students identified & prioritized behaviors associated with developing competence using MI and behavioral theory.
- Reflection activities and a live practice session supported the learning and application of AI and MI skills.
- Faculty noted empowerment, advocacy, and self-efficacy were highlighted priorities and MI AIms skills were also incorporated in patient care.

Next Steps

- MI AIms is an emergent design with potential application in nursing education, nursing practice, and in areas where personal and contextual shifts could be made.
- Analysis of a larger cohort (45 students)
- Application in an RN to BS Population and Integrated Practice series of courses.

References

- Benner, P. (1984) *From Novice to Expert: Excellence and Power in Clinical Nursing Practice.* MenloPark, CA: Addison-Wesley.
- Cooperrider, D.L. and Whitney, D. (2005) *Appreciative Inquiry: A Positive Revolution in Change.* San Francisco, CA: Berrett-Koehler Publishers.
- Fishbein, M. (2000). The role of theory in HIV prevention. *AIDS Care, 12,* 273-278.
- Golwitzer, P. M. (1996). The volitional benefits of planning In: Golwitzer P. M. & Bargh, J. A. (Eds.), *The psychology of action: Linking cognition and motivation to behavior (pp.* 287-312). New York: Guilford Press.

- Lundahl, B. W., Kunz, C., Brownell, C., Tollefson, D. and Bruke, B. L. (2010) A meta-analysis of Motivational Interviewing: Twenty-five years of empirical studies. *Research on Social Work Practice*, 20(2), 137-160.

References

◦ Miller, W. R., & Rollnick, S. Motivational interviewing: Preparing people for change (3rd ed.) (2013). New York: Guilford Press.

◦ Montano, D & Kaspyrsk, D. (2008). "Theory of Reasoned Action, Theory of Planned Behavior, and the Integrated Behavioral Model. " In K. Glanz, B. K. Rimer, & K. Viswanth (eds.) *Health Behavior and Health Education: Theory, Research, and practice (4th ed)*. Jossey-Bass: San Francisco, CA.

◦ Prochaska, J. O. & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal Consulting and Clinical Psychology, 51*, 390–395.