

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH – WIC PROGRAM

WIC Program

Motivational Interviewing Guidance

Local Agency Resource

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Consistent Education Messages: Using Motivational Interviewing Approach for an Effective Communication and Participant Centered Goal Setting.

Overview

The fundamental concepts of 'Motivational Interviewing' (MI) approaches were elaborated by clinical psychologists Professor William R Miller, Ph.D. and Professor Stephen Rollnick, Ph.D. They began MI application when treating people with alcoholism. The MI concept and intervention has been tested in clinical trials including disciplines that require exploration of ambivalence to overcome obstacles at various stages of change. MI involves the setting of self-identified goals which is believed to improve risky behaviors. The use of MI in WIC program nutrition education is beneficial to increase family awareness, explore ambivalence and readiness for changes, and when setting realistic and achievable goals. The usage of MI techniques will help improve State defined outcome objectives.

Why is this important?

Motivational interviewing (MI) is a person-centered, focused and goal directed process with ambivalence resolution to change behavior or shift a new idea into steps for action. It is a counseling style that integrates empathy during counseling with behavioral strategies for helping participants recognize when they are ready to make changes. When a participant talks about change on their own they are more likely to make the positive change than when being instructed to do so by an outsider or professional. MI has many components, which are described in this document, to help improve communication between the nutritionist and the participant.

When starting a counseling session:

Always welcome the participant and children and say hello to everyone. Ask permission to discuss the identified WIC nutritional risk(s).

Show Empathy to identify with and understand another's situation, feelings and motives. Carl Rogers, a well-respected clinical therapist, defined empathy in the following way: "being empathetic ... means to sense the hurt or the pleasure of another as he senses it and to perceive the causes thereof as he perceives them..." Mr. Rogers does not limit empathy to the understanding of participants' emotions; rather he widens it to the scope of the frame of reference, thoughts, values and judgments that underlie those emotions.

During a counseling session it is critical to build rapport between participant and nutritionist. The spirit of MI conveys partnership and companionship. By working with a helper you can stir up one's own internal motivation to recognize the need for positive changes.

Gathering data and information use the OARS method

- Open-ended questions
- Affirm Efforts and Strengths
- Reflect
- Summarize

Open ended questions allow the client to provide more information. This avoids a one way conversation. Who, What, Where, When, Why, and How, are used in open ended questions. A few examples would be: Where does your family eat meals at home? Tell me what beverages your child consumes throughout the day?

Use **non-leading questions** to gather facts non-biased. (Example of a biased statement: Tell me more about your child's unhealthy snacks.)

Affirm what the participant is saying. Affirmation is a type of reflection. You reflect back positive thoughts, words and actions as a way of supporting positive changes. Affirmation builds confidence with the participant and helps to target specific behavior while building rapport.

What to affirm?

- Efforts not outcomes
- Observations
- Problem-solving
- Process that supports positive change

Example of an affirmation statement: 'It is great that your family is choosing fresh fruits for snacks'.

Reflection is a tool used in counseling to restate what you have heard. It shows the nutritionist is actively listening to what the participant said. It shows you are interested and helps to build rapport. It is used best after an open ended question, when a participant is thinking about change, after you hear strong feelings or resistance. (It can be used anytime during discussion)

Example of a reflection statement: ‘I have heard your concern about the cost of fresh fruits. Can I offer you some suggestions about how to get affordable fruits?’

Summarize:

Summarize to provide a brief statement of the main points of your conversation.

The nutritionist should collect the main theme from the participant and reflect them as a statement.

- Summary should be used when you want to ask for action
- When you hear ambivalence and want to open up the idea of exploring it further
- At the end of a session

Summary shows you have been listening and remembering and it sets the opportunity to ask for action.

Example of a summary statement: ‘In conclusion, we have discussed how to increase your family’s fruit intake by buying affordable seasonal fruits, using the store flyer for weekly sales, and/or the use of food manufacturer’s coupons. Of all things considered, what will work best for your family?’

Guided Goal Setting

An approach used by the nutritionist in conjunction with the participant that involves critical thinking based on assessment to develop strategies for goal setting to achieve desired participant outcomes. Incorporate the participant’s needs and meet them where they are. Make goals specific and measurable. Make small realistic goals to set the participant up for success, not failure.

Example of goal setting: ‘I will take a look at the store flyer for weekly sales, and buy more fruits for daily afternoon snacks’.

Strategies and Techniques

Readiness Ruler – 1 to 10 scale for estimating the importance of topics or confidence in being able to carry out changes.

Agenda setting chart – write a few self-selected topics to work on and consent to working on one or two topics.

Cost and benefit chart – to discuss the benefits or concerns with making changes.

Motivational Interviewing Approach/Affirmations

Make a Key Advice Statement (ask for permission):

‘There are a number of ways to achieve a healthy weight; can I share this with you? They include: (i.e.: cut down on soda)’

‘Perhaps you have another idea.....’

Agree on possible target behavior: such as “That sound like a good plan”. ‘I strongly encourage you to: (Use parent ideas)’

Assess willingness:

- For instance, if the plan is to decrease 100% juice to 4 ounces per day, ask: ‘On a scale of 0 to 10, with 10 being very important, how important it is for you to reduce your child’s juice intake?’

Assess confidence:

- Ask: ‘On a scale 0 to 10, with 10 being very confident, assuming that you will decrease juice intake to 4 ounces per day, how confident you are that you could succeed?’

Assess readiness:

Explore Ambivalence:

- Not ready 0 – 3 - Would you be interested in knowing more about reaching a healthy weight for your child? How can I help? What might need to be different for you to consider a change in the near future?
- Unsure 4-6 - What do you see as your next steps? What are you thinking at this point?
- Ready 7 – 10 - Why is this important to you now? What are your ideas for making this work? What might get in the way? How might you work around the barriers? How might you reward your child along the way?

Closing the Encounter

Summarize: “Our time is almost up. Let’s take a look at what you’ve worked through today”

Show Appreciation/Acknowledge willingness to discuss change: “Thank you for being willing to discuss your child’s health concerns today.”

Offer advice; emphasize choice, and express confidence: “I strongly encourage you to be” The choice to....., of course, is entirely yours.

“I am confident that if you decide to You can be successful.”

Arrange for follow up: “Would you be interested in more information on ways to...?”

“Let’s set up an appointment in ___months to discuss further.”

Documentation of nutrition intervention, set goal and action plan:

Assure that the participant's generated goal is clear, and the action plan set is realistic and achievable within the same week. Proper documentation is essential for follow up visits, to continue communication with the participant and with other healthcare professionals.

References:

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PA Department of Health-WIC Shirley H. Sword, MS, RD, LDNCT WIC I-Pause training guidance document 2014