Why Motivational Interviewing (MI)?

Why the need for MI?
Addressing social determinants of health or adverse childhood experiences (ACEs) often requires changing parental behaviors or lifestyles which impact children. Research and experience have shown that simply telling parents and patients what to do often does not work. Adherence to a treatment plan or recommendations for further evaluation may not pan out. In this context, MI offers a fundamentally different approach, moving from a provider-centered to a parent-centered approach, developing a partnership with parents and/or patients and jointly developing a plan. Regarding SEEK, MI helps address parental substance use, depression, severe stress, domestic violence, harsh punishment and food insecurity. MI principles may be usefully applied with older children and youth as well as adults; the following pertains to all of them.

What is MI?
MI is a parent or patient-centered approach to motivating someone who is ambivalent about or resistant to changing their behavior. This may be due to not believing one can change. MI is a style of interaction rooted in being empathic, nonjudgmental, and supportive, thus empowering parents to identify their goals, behaviors to change, strengths, skills, barriers, and solutions.

Core Principles of the MI Approach
- Cultivate a collaborate compassionate culture
  - Parents are “expert” on their life, partners in setting goals and making decisions
  - Affirm their autonomy, their right to direct the plan
  - Prioritize their needs
Four processes foster engagement in the relationship and focus on the target to change
- Engage in a working relationship
- Focus on a problem to change
- Explore the parent’s preferences, goals, barriers; motivate change
- Plan the change

Skills that enable professionals to understand and address their concerns

Is MI effective?
MI has been found to be an effective regarding alcohol and substance use, domestic violence, adherence to treatment, oral health and diet and exercise. For example, MI concerning nutrition and physical activity improved behavior and weight loss in children and adults. MI has been applied to a wide range of health conditions and circumstances including vaccine hesitancy and non-adherence to treatment. Many of these interventions however have not yet been rigorously studied.

Practicing MI
It’s not easy implementing MI, especially after practicing the traditional paternalistic model. But, with training and practice, professionals can become skilled in efficiently applying core principles of MI. MI helps professionals by sharing the responsibility of finding solutions. Engaging parents in developing the plan helps them “own” it, increasing the likelihood of follow through. Rather than foisting one’s professional opinion upon them, one works with them. This does not mean professionals are passive. Professionals do have valuable knowledge and experience that should be shared - in a collaborative way.

Core Skills
- Ask open-ended questions (e.g., How do you feel about your drinking?)
- Assess the importance of an issue to a parent (“readiness to change” - precontemplation, contemplation, preparation, action, maintenance)
  - On a scale of 1 to 10, how important is it for you to change your (behavior)?
  - If high, support them; if low, discuss why they see it this way
- Assess their confidence in changing their behavior
  - On a scale of 1 to 10, how confident are you that you can change (behavior)?
  - If high, support them: if low, address barriers
- Practice reflective listening: seek to understand the parent’s idea or feeling, then reflect it back to confirm it’s been understood
- Focus on strengths, affirm positives (e.g., I see how much you care about ________!) 
- Use the “elicit-provide-elicit” technique
  - Elicit: ask what the parent knows or would like to know or if you can offer info
    - Do you mind if I tell you my concern?
  - Provide info in a neutral, nonjudgmental way (avoid “I....” and “You.....”)
    - What we know or studies show
  - Elicit the parent’s interpretation
    - Where does this leave you? How can I help?
- Summarize the discussion (e.g., you’d like to get treatment for yourself, and you’ll try, but you’re not sure if you’ll find the time)
Examples of Reframing our Approach

• I’d like to help you → Would you like my help?
• I think your drinking is a problem! → What do you think about your drinking?
• You need to cut back on your drinking! → What can do about your drinking?

References


The National SEEK Study is recruiting practices through 2021

The National SEEK Study offers primary care practices a way to help address social determinants of health and adverse childhood experiences (ACEs) and prevent child abuse and neglect. The NIH-funded study’s goal is to examine what facilitates or impedes the adoption, implementation, and sustainability of the evidence-based SEEK model.

There are many potential benefits to participating practices and to the kids and families you serve: free PCP training, CME, MOC 2 and 4 or PI credits, all the SEEK materials, access to a social worker and Helpline, qualifying as a “patient-centered medical home”, possibly increased reimbursement, an annual stipend, and $25 gift cards for completed surveys and interviews.

We’re recruiting primary care practices not already implementing SEEK. If you’d like to learn more or know of others who may be interested, please contact Howard Dubowitz, MD, MS, FAAP at hdubowitz@som.umaryland.edu.

SEEK and Phreesia

SEEK is available for electronic administration via Phreesia’s intake platform! To learn more about this, please visit the Phreesia-SEEK Integration webpage. And, for more info on our partnership, here’s Phreesia’s July 2021 press release.

SEEK Parent Videos, Posters and Pamphlet

The SEEK parent video and posters introduce parents to the importance of social determinants of health or Adverse Childhood Experiences (ACEs) and SEEK. Many parents are not accustomed to being asked about sensitive problems such as domestic violence or substance use during well visits. The 2-minute video sets the stage for asking such questions. It’s ideal for playing on a loop in a waiting area. Preview the SEEK parent video here.

In the same spirit, we developed a poster regarding social determinants of health for waiting areas - in English and/or Spanish. This too introduces the importance of addressing such problems for optimizing children’s health. Please contact Stacey Newton (snewton@som.umaryland.edu) if you’d like posters mailed to you.

The simple Parent Pamphlet contains information about SEEK. This can be given to parents before they’ve completed the Parent Questionnaire-R (PQ-R). The pamphlet briefly describes SEEK, the PQ-R, what happens after a parent completes the PQ-R, and there’s a QR code leading to the SEEK parent video. Click here for the pamphlet.

SEEK is on Twitter!

Please follow us on Twitter for updates and useful info. Also, please help others learn about SEEK and the National SEEK Study by retweeting us. Follow SEEK at: @SafeEnv4EvryKid

Consider Donating to the SEEK Project

To continue the important work of promoting children’s health and safety, contributions to disseminate the SEEK model are appreciated. Visit this link to donate to the SEEK Project. Thank you for considering a gift!

Questions or concerns?

The SEEK team is always available to help address questions or concerns. Please don’t hesitate to contact us! Email Rose Belanger (rbelanger@som.umaryland.edu) or Stacey Newton (snewton@som.umaryland.edu).

Please share this Newsletter with anyone who may be interested and let us know if we should add them to our Friends of SEEK list to receive this. Also, let us know if you do not wish to receive this Newsletter. Email Stacey Newton (snewton@som.umaryland.edu). And, we welcome feedback and suggestions to improve our Newsletter.