Motivational Interviewing for Health Educators: An Innovative Strategy to Address Priority Health Issues

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ABSTRACT

Background: Motivational interviewing (MI), an evidence-based and theory-driven strategy, is utilized to support individuals while strengthening their own motivation and commitment to a specific behavior change. Over the last decade the efficacy of motivational interviewing in other settings such as health departments, physician’s offices, and other health settings has been explored. Researchers indicate that MI has been an effective means of addressing many priority health issues. 

Theoretical Basics: The skill set developed through MI, grounded in theories such as Transtheoretical Model and Social Cognitive Theory, has implications for health educators as a strategy to address the priority health issues in our nation. The purpose of implementing this course is to provide specific training in Motivational Interviewing for the Health Educator working in clinical, worksite, and community settings. 

METHODS

The purpose of implementing this experience for health educators is to provide specific training in Motivational Interviewing for the Health Educator working in clinical, worksite, and community settings. This project examines how the faculty developed and implemented a class for two fall semesters and preliminary findings for improvements.

Participants
- Undergraduate Community Health Education majors in their last semester on campus
- Graduate Master of Public Health students prior to their Preceptorship that enrolled in the BSI/IM Workshop courses Fall 2012 (n=12) and 2013 (n=10).

Intervention
- Faculty were trained in Motivational Interviewing for the 2011-2012 academic year;
- Faculty developed a 16 week course experiences and implemented year one (Fall 2012) and year two (Fall 2013);
- Faculty placed students in Preceptorship sites year one (Spring 2013) and year two (Spring 2014).

Measures
- Students were assessed mid- and end of term.
- Students completed Pre/Post Tests to assessing knowledge and intervention for tobacco, alcohol, and depression in the health care setting.
- Data collected using MI Session Feedback.
- Students engaged in semester long training; worked in laboratory setting with student clients; turned in tapes for coding and feedback.
- Students were assessed mid- and end of term.

COURSE MATERIALS

A. Course Objectives:
- Creation of Lecture, Teaching Strategies and Observations
- By the end of this course candidates will have:
  - A core set of knowledge and skills to perform the task of behavioral screening and intervention for tobacco, alcohol, and depression in the health care setting.
  - How to elicit, recognize and reinforce change talk with clients in various health settings.
  - How to address priority health issues in our nation.
  - To provide specific training in Motivational Interviewing for the Health Educator working in clinical, worksite, and community settings.

By the end of this course candidates will have Essential Knowledge in the following areas:
- World Health Organization’s (WHO) guidelines for tobacco control
- The key aspects of health education and health promotion.
- How to design educational programs for tobacco control.
- How to perform a skills-based course for health educators.

B. Course Strategies:
- The course was delivered in a classroom setting with students viewing instructional videos and participating in small group discussions.
- The course was designed to be interactive, with students actively engaged in the learning process.
- The course was designed to be practical, with students having the opportunity to practice and demonstrate key knowledge and skills in a laboratory setting.
- The course was designed to be comprehensive, covering a wide range of topics related to tobacco control.

C. Observation/Reflections:
- The course was designed to be reflective, with students having the opportunity to reflect on their own learning and the learning of their peers.
- The course was designed to be collaborative, with students working in small groups to complete assignments.
- The course was designed to be engaging, with students having the opportunity to explore a variety of topics related to tobacco control.

D. Rationale for Motivational Interviewing (MI):
- MI is an evidence-based approach to behavior change that is used in a variety of settings.
- MI is an effective approach to behavior change that is used in a variety of settings.
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E. Treatment modalities and payment:
- MI is an evidence-based approach to behavior change that is used in a variety of settings.
- MI is an effective approach to behavior change that is used in a variety of settings.
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F. Administering and scoring validated screening instruments:
- MI is an evidence-based approach to behavior change that is used in a variety of settings.
- MI is an effective approach to behavior change that is used in a variety of settings.
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G. Underlying assumptions of MI:
- MI is an evidence-based approach to behavior change that is used in a variety of settings.
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H. Rationale for Motivational Interviewing (MI):
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I. MI Session Feedback:
- The course was designed to be reflective, with students having the opportunity to reflect on their own learning and the learning of their peers.
- The course was designed to be collaborative, with students working in small groups to complete assignments.
- The course was designed to be engaging, with students having the opportunity to explore a variety of topics related to tobacco control.

J. Observations and an Example of MI Session Feedback:
- The course was designed to be reflective, with students having the opportunity to reflect on their own learning and the learning of their peers.
- The course was designed to be collaborative, with students working in small groups to complete assignments.
- The course was designed to be engaging, with students having the opportunity to explore a variety of topics related to tobacco control.

K. Key components of MI:
- The course was designed to be reflective, with students having the opportunity to reflect on their own learning and the learning of their peers.
- The course was designed to be collaborative, with students working in small groups to complete assignments.
- The course was designed to be engaging, with students having the opportunity to explore a variety of topics related to tobacco control.

L. MI Style (ie, R.E.A.L.):
- The course was designed to be reflective, with students having the opportunity to reflect on their own learning and the learning of their peers.
- The course was designed to be collaborative, with students working in small groups to complete assignments.
- The course was designed to be engaging, with students having the opportunity to explore a variety of topics related to tobacco control.

M. MI Clinical Skills:
- The course was designed to be reflective, with students having the opportunity to reflect on their own learning and the learning of their peers.
- The course was designed to be collaborative, with students working in small groups to complete assignments.
- The course was designed to be engaging, with students having the opportunity to explore a variety of topics related to tobacco control.

N. MI Technique Strategies:
- The course was designed to be reflective, with students having the opportunity to reflect on their own learning and the learning of their peers.
- The course was designed to be collaborative, with students working in small groups to complete assignments.
- The course was designed to be engaging, with students having the opportunity to explore a variety of topics related to tobacco control.

O. MI Core Elements:
- The course was designed to be reflective, with students having the opportunity to reflect on their own learning and the learning of their peers.
- The course was designed to be collaborative, with students working in small groups to complete assignments.
- The course was designed to be engaging, with students having the opportunity to explore a variety of topics related to tobacco control.

PILOT FINDINGS

After Fall 2012, the grant allowed for a focus group process & to evaluate the impact on faculty. Faculty and researchers made improvements to delivery of course, created laboratory sections, brought in ‘clients’ for students to practice skills with, and added qualitative assessments for mid- and final examinations. Developing a skills based course that requires practice, clients, and feedback loops requires consistent communication, use of mixed methods instruction, and a variety of assessment tools. Below is an example of the MITI assessments that students received during the course.

CONCLUSION

Students have been placed in a variety of community and public health Preceptorships in WI, MN, and SD. The next part of the research is to determine how students are improving their skills on-site, how many patients and clients they have interacted with, and the outcomes for the patients. These findings will also impact how the course is offered in the future.

REFERENCES
