

Family-Centered Care

Motivational Interviewing as a Strategy to Increase Families' Adherence to Treatment Regimens

Bonnie Gance-Cleveland

Column Editor: Bonnie Gance-Cleveland

Family-Centered Care provides a forum for sharing information about basic components of caring for children and families, including respect, information sharing, collaboration, family-to-family support, and confidence building.

Parents' failure to follow advice from healthcare professionals regarding their children's treatment limits the therapeutic goals of health care that can be provided to children. Studies suggest that across a variety of settings and healthcare conditions, 50% of patients in the United States do not comply with the healthcare plan for treatment (DiMatteo, Giordani, Lepper, & Croghan, 2002), and 40% take prescribed medications incorrectly or not at all (Epstein & Cluss, 1982). Nearly double that number fail to comply with dietary restrictions, exercise, or other restrictions of health-compromising behaviors (DiMatteo et al.).

Nonadherence increases patient and healthcare provider frustration that may lead to incorrect diagnosis and unnecessary treatment (DiMatteo et al., 2002). Healthcare providers may interpret frequent visits for the same complaint as failure of the recommended treatment rather than poor compliance with the treatment plan. Providers may, therefore, attempt another treatment regimen, assuming the previous treatment plan failed.

Even more worrisome, poor compliance with complex and precise treatment regimens may be detrimental to patients. In these patients, such as HIV-positive children, noncompliance can exacerbate disease and increase risk of death (DiMatteo et al., 2002).

In pediatric patients, nonadherence may occur for a variety of reasons, including difficulty with the treatment regimen because of the child's developmental level, lack of understanding by parents, doubt about the benefit and efficacy of the treatment regimen for the child, real or perceived barriers to treatment, demands of the regimen on the family or child, and lack of needed support for the family. In addition, qualitative research suggests that self-image, meaning

of medical condition, and treatment regimen also are determinants of adherence (DiMatteo et al., 2002).

Furthermore, parents may have reservations about being told what to do. Health education that focuses on direct persuasion often results in a defensive response on the part of the patient or parent. Traditional health education may be insufficient to change parents' behavior; for example, recent research suggests providing information only to parents or caretakers was not sufficient in preventing dental caries (Weinstein, Harrison, & Benton, 2004).

The traditional role of the nurse in health teaching is the authoritarian, prescriptive, persuasive expert providing general advice; however, Burke and Fair (2003) suggest a paradigm shift to a more collaborative approach with patients and families. Using a family-centered approach with an emphasis on empowering the parent; focusing on the family's beliefs, values, and health behaviors; and enhancing the family's self efficacy and life skills, the nurse may be more effective in improving treatment adherence. Research comparing the two types of health education toward improving adherence to the healthcare plan showed a 64% success rate with knowledge or general advice alone and an 85% success rate for the more collaborative approach that uses behavioral strategies.

Prochaska and DiClemente's Transtheoretical Model

Interest in a more collaborative approach to health education to improve treatment adherence has prompted some pediatric nurses to look at the literature regarding motivation for behavior change. In the 1980s, a behavioral approach to motivating behavior change emerged from the addictions field. Prochaska and DiClemente's transtheoretical model (1982) is a framework for understanding how people change behavior. Most families do not seek information from the healthcare provider when they are in a state of readiness to change their well-established patterns of behavior. This model focuses on the process of

achieving that state of readiness in order to make the necessary changes to adhere to the treatment plan. The transtheoretical model describes a process of moving from precontemplation, where the family is not ready to change (adhere to treatment plan), to contemplation, where the family is aware a problem exists but ambivalent about the need for change, to preparation and action, where changes are made. Maintenance involves the family adapting to new behaviors and avoiding relapse. If the treatment plan is not developed for an ongoing medical condition, termination may follow. This model proposes that the healthcare provider assess the families' readiness for change prior to discussing the healthcare plan. Further, the model emphasizes the importance of tailoring interventions to an individual's stage of change, rather than expecting all individuals to be ready for action-oriented strategies (Berg-Smith et al., 1999).

Motivational Interviewing

The concept of motivational interviewing (MI), first described by Miller (1983) and elaborated by Miller and Rollnick (1991), is consistent with the stages of change, and it offers a practical therapeutic approach for helping families increase their motivation or readiness to change (Berg-Smith et al., 1999). The flexible, patient-centered, brief counseling approach of MI is congruent with the principles of family-centered care, recognizing that the family is the expert regarding what is best for the child and assisting parents to examine and resolve ambivalent feelings about healthcare plans and complicated medical regimens healthcare professionals might suggest.

The features of motivational interviewing include a family-centered, supportive, and empathetic approach. Using the principles of MI developed by Rollnick, Mason, and Butler (1999), the first step in motivating parents to change or improve treatment adherence is developing rapport with the family. This approach requires active listening skills so that the nurse may attend to the family's fundamental beliefs

regarding health and illness, including their readiness to change, and confidence in making the change. Next, the nurse should develop an empathetic relationship and help the family describe the discrepancy between desired goals and current behavior. The nurse needs to be able to roll with the family's resistance while supporting their sense of self-efficacy. The nursing interventions involved with motivational interviewing include: establishing rapport, assessing behavior and motivation to change, facilitating the family's ability to make decisions and set goals, helping families with problem solving, and exchanging information. Interventions should then be tailored based upon the family's readiness to change.

Berg-Smith et al. (1999) suggest having parents describe their readiness to change or comply with a suggested regimen that has jointly been developed by pointing to a number on a 12-inch ruler. The nurse then uses that number to tailor interventions based upon the family's readiness to change (see Table 1 for motivational interviewing algorithm).

Research has shown that MI is an effective strategy for decreasing substance abuse problems and health-risk behaviors, as well as increasing adherence to treatment regimens. Specifically, MI has been shown to be beneficial in controlling alcohol, heroin, marijuana, tobacco, and opiate addictions (Berg-Smith et al., 1999; Sindelar, Abrantes, Hart, Lewander, & Spirito, 2004). More recently, testing has shown MI to be effective in controlling nonaddictive health behaviors, as well as decreasing high-risk behaviors in HIV clients, and achieving treatment adherence in diabetics, medication regimens, pain treatment, and eating disorders (Berg-Smith et al., 1999; Sindelar et al., 2004). Lask (2003) proposed that medical providers develop a therapeutic alliance with children and their families to work collaboratively and empathetically toward motivating children to improve their adherence to medical regimens. In addition, key elements of MI are being incorporated into other delivery formats, including interactive computer programs, self-help materials, and group sessions (Berg-Smith et al.).

Table 1. Motivational Interviewing Algorithm

Establish rapport

(empathy, patient-centered, supportive)

- How is it going?

Setting an agenda

We have __ minutes to meet, this is what I thought we might do:

- Assess measurements
- Hear families' evaluation of current treatment
- Give you some information regarding labs, measures, etc.
- Talk about anything else you want to change.
- How does this sound? Is there anything else you want to do?

Assess behaviors and confidence to change

- Adherence ruler — how often do you comply with treatment regimen?
 - Explore current behavior
1. Tell me about the number you chose.
 2. Why did you choose a 5, and not a 1?
 3. At what times do you follow the treatment plan, and at what times don't you?
 4. How are you feeling about the treatment plan?
 5. Last time we met, you were working on __, how is it going?

Making decisions and setting targets

- Show parent's measures, data, bloodwork, labs
- Compare patient's results with normative data — i.e., this is where your child stands compared to other children his/her age
- Elicit parent's response — "what do you make of this?"
- Provide information about the significance of the results if the parent asks or shows interest, "For most children this age with this diagnosis these results suggest. . . ."

Assess readiness to change

- Using the ruler, on a scale of 1–12 (1 = not at all ready; 12 = very ready), how ready are you right now to make any new changes in the way you are managing your child's. . . . ?
- Ask parent to explain choice of number
- What are all the reasons that you chose a __?

Exchange information with parent

(Tailor approach according to the readiness to change score)

Stage 1

Score 1–4

Not ready

Goal: to raise awareness

Major task: inform and encourage

Ask open-ended questions

- That's interesting, why did you give yourself a 3 and not a 1?

Stage 2

Score 5–8

Unsure

Goal: to build motivation and confidence

Major task: to explore ambivalence

Explore ambivalence

- What are some of the things you like (and dislike) about your child's current treatment?

Stage 3

Score 9–12

Ready

Goal: to negotiate a plan

Major tasks: facilitate decision-making

- Identify change options, "What do you think needs to change?" "What are your ideas for making a change?" "Which option makes the most sense to you?"

Family-Centered Care

Table 1. *Continued*

<ul style="list-style-type: none"> • What would need to be different for you to consider making new or additional changes? • You say you are a __ on the ruler. What would need to happen to move you from a __ to a __? How could I help get you there? 	<ul style="list-style-type: none"> • What are some of the good (and not so good) things about making a new or additional change? <p>Look into the future</p> <ul style="list-style-type: none"> • I can see why you're unsure about making new or additional changes. Let's just stand back for a moment and imagine that you decided to change. What would you change and what would it be like? Why would you want to do this? 	<ul style="list-style-type: none"> • Help parent set a realistic and achievable goal • Develop an action plan • Choose a reward • Summarize the plan • give written instructions based upon the plan
<p>Respectfully acknowledge their decisions.</p>		
<ul style="list-style-type: none"> • I respect your decision to not make any new or additional changes. You are the best judge of what's right for you. 		
<p>Offer professional advice.</p>		
<ul style="list-style-type: none"> • As you might guess, my recommendation is. . . . But of course, it's your decision. <p>If there comes a time when you decide to make changes, I am available to help. Let's stay in touch. Your next appointment is . . . Close the encounter Summarize the session</p>	<p>Refer to others</p> <ul style="list-style-type: none"> • What do your friends do with their children? • What does your family do? • What would they think of this change? <p>Ask about the next step</p> <ul style="list-style-type: none"> • Where does this leave you now? (Let parent raise the topic of change) 	
<ul style="list-style-type: none"> • Did I restate the information that you gave me correctly? 		
<p>Support self-efficacy</p>		
<ul style="list-style-type: none"> • I applaud your efforts and I know you can do it. If this plan doesn't work out, I am sure there are other options that might work better. 		
<p>Arrange another time to meet.</p>		

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Although the scientific evidence is early in development, it appears that motivational interviewing is a behavioral intervention that nurses may use to augment teaching strategies aimed at improving treatment adherence by pediatric patients and their families.

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