Liem Tran

New York City College of Technology

NUR 4080

Term paper

Prof. McGirr

“Motivational Interviewing is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior.” It is a method that is goal oriented, and client centered advisement for creating behavior change by helping them solve ambivalence. There are four skills in motivational interviewing: asking open-ended questions, giving affirmations, the ability to reflective listen, and the ability of providing a summary statement. I used these skills in my clinical practice and I think one of the most important skills is the ability to reflective listen. I can recall a recent client that the use of reflective listen was crucial in caring for him.

During an ER rotation, I was given a 30-year old Caucasian male with a chief complaint of back pain for 3 days. He was newly diagnosed with HIV and has a history of substance abuse. When I approached the patient he was restless, disorderly, and talking aggressively. Before I could introduce myself he started screaming for pain medication. I told him that before I could do that, I have to ask him some questions. He screamed back “the pain is 10 just give it to me.” ”. I tried to engage in a conversation with him but he did not let me talk and it was made clear that he did not want to talk until he got his pain medication. I had no other choice but to give it to him. I told him that the pain medication will start working in 20-30 minutes and I will be back to get a history.

When I left the room, my immediate reaction was that he probably just wanted pain medication because he has a history of substance abuse. But I wanted to clarify my assumptions by using the motivational skills to effectively communicate with him. I knew that I would have to assess his self-values and beliefs. My plan was to use reflective listening and open-ended questions to engage him in a conversation. According to Jones, “Good communication skills are important to relieve patients concerns and anxieties and are a key factor in establishing a therapeutic nurse-patient relationship (Jones, 2012)”. When a patient’s level of frustration is high it is important for the nurse to listen, validate these feelings and to provide support and guidance.

 When I reentered the room the patient had just returned from imaging and he was less agitated but still asked for more pain medication. This time I was assertive and told him that he cannot get it until another hour and that we had to finish the history. I reintroduced myself and sat next to him at the head of the bed with an arm’s length apart. This position kept me in eye level with him and also provided personal space for his comfort and my safety, in case he got physical. I told him that he would be admitted for observation because of his pain of unknown origin. I asked him permission to talk about his HIV diagnosis because asking permission communicates respects towards him. I said, “ I noticed that you are HIV+ and was newly diagnosed, do you mind if talk about how different lifestyles affect HIV? He said he just found out a few weeks ago and did not have any idea how to manage this disease. He explained to me that he lived with his girlfriend but has an open relationship with her. They lived an alternative lifestyle in which drug and alcohol dominated their life. I started the discussion with a few open-ended questions, keeping in mind that too many of them can sound like an interrogation and unnatural. I asked questions such as “Tell me what you like about your alternative lifestyle.” What was that like for you?” “What makes you think it might be time for a change?” He admitted that this was the only lifestyle that he knew and he jokingly said that he was a functional junkie. I told him that HIV is now considered to be a chronic condition and with a healthy lifestyle, it can be maintained with positive outcome like diabetes. I explained to him the risk factors and safety concerns for him and his girlfriend. He said that he would like to change because he loved his girlfriend and did not want to see her hurt. I used the technique of eliciting/evoking change talk to help him to voice his reasons to change. According to Sobell “ Change talk tends to be associated with successful outcomes. This strategy elicits  reasons for change from clients by having them give voice to the need or reasons for changing… Clients’ responses usually contain reasons for change that are personally important for them… can be used to address discrepancies between clients’ words and action in a manner that is non confrontational.” This technique was useful because it allowed him to make light of his own personal reason to change. I wanted him to do it for reason’s that were important to him and not anyone else. I used Sobell’s example questions to facilitate the discussion. Some of the evoking questions I asked him were: “What would you like to see different about the lifestyle you are living now?” What would be the good things about changing your current lifestyle?” Do you think that your friends and family are concern with your lifestyle?” “What would your life be like in the next year if you change your lifestyle?” He gave his reasons to change that were intrinsic to him. Throughout the conversation I was mindful to use reflective listening. This kind of listening showed empathy towards the patient and also use to demonstrate attentiveness. As describe by Rollnick “Reflective listening involves listening carefully to clients and then making a reasonable guess about what they are saying; in other words, it is like forming a hypothesis (Rollnick, 96).” Reflective listening is a way of validating one’s guess rather than assuming it to be true. Some of the reflective listening statements that I made were: “you are not sure you can go through the change in lifestyle again because of the struggles that you had when you tried in the past.” “I feel that you want to change, but you have concerns about the withdrawal symptoms.” According to Sobell, “Summaries are used judiciously to relate or link what clients have already expressed, especially in terms of reflecting ambivalence, and to move them on to another topic or have them expand the current discussion further. Summaries require that therapists listen very carefully to what clients have said throughout the session. Summaries are also a good way to either end a session, or to transition a talkative client to the next topic.” At the end of our conversation, I used the technique of summary to reorganize and put into focus what he said. My summary for him was “Over the past few weeks you have been worrying about your new HIV status, and it seems that this new diagnosis had escalated your drug use and risky behaviors. You started to realize that the bad things are outweighing the good things. That, together with your girlfriend accepting, agreeing and participating with your alternative lifestyle makes it easier to understand why you are now dedicated to change.” When I first met the patient I assumed that he was a drug user and unfortunately that assumption was true. My priority for him was to provide him the knowledge of his HIV diagnosis and recommended him the available support groups and other resources that he could utilize to help him with his substances abuse lifestyle.

Overall it was a success in promoting change for my patient by using the motivational interviewing technique. It was a hard task for me to do because I did not feel comfortable speaking this way and definitely the flow and transition of one thought to another could have been more natural. At times I feel that I need to improve my non-verbal listening in order not to distract my patients or give them an impression that I was not listening. In the textbook, Rollnick pointed out some key points in non-verbal listening that I will take into consideration. A few key points that Rollnick mentioned that I found myself doing were: checking my watch and excessive note taking. I work in the Emergency Room therefore time is of the essence and unfortunately every patient is only allotted a specific amount of time. Rollnick said that clues about attention and understanding also come from facial expressions; avoid the poker face (Rollnick 64). He said, “A good listener’s facial expression would probably mirror the emotion in a speaker’s words. One exception to the mirroring is the client’s anger. Instead respond with concern and calmness.” This is the area that I would need the most improvements. Every time when I approach a patient I start with a smile but always revert back into a serious facial expression. I know that it is important because the non-verbal expressions should match the verbal expressions in order for a sentence or idea to be effective.

It has been often complained that health care providers never listen to their patients and that they are only there for the money. I do not believed this to be true because a person needs to have a high level of compassion and the eager and willingness to help someone to be in the medical profession. I believed the passion to help is there but the way it’s expressed is misconstrued. Motivational interviewing is a structured way of thinking and talking to the patient to promote change. It is a good foundation to have and to master for all health care professionals.

Reference:

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