Motivational Interviewing
A Practical Intervention for School Nurses to Engage in Trauma Informed Care
Rebekah Sypniewski, MSN, RN, CNL

This article provides an overview of motivational interviewing (MI) as an effective intervention for trauma informed care. It offers a description of trauma and its most commonly associated negative side effects in the school setting. Within this context, basic theoretical concepts of MI are discussed. The article closes by examining the need for future research regarding MI as an effective, school-based intervention for adolescents.

Keywords: motivational interviewing; adolescents; trauma; school

School nurses are vital in maintaining a safe and healthy environment for student success and learning (NASN, 2015). The role of the school nurse spans acute and chronic disease management to legal advocacy and policy making. Due to the dynamic role and extensive responsibilities of school nurses, brief interventions such as motivational interviewing (MI) are ideal as they require few sessions, can be used in a group setting to manage high-risk groups, and can be translated into online interventions (Enea & Dafinoiu, 2009; Frey et al., 2011; Teyaw & Monti, 2004; McCambridge and Strang, 2004). McCambridge and Strang (2004) confirmed that adolescents who received one session of MI decreased their use of substances including tobacco, alcohol, and other drugs.

School nurses are an integral part of maintaining a healthy and safe learning environment for children and adolescents. Nurses within the school systems are tasked with the implementation and supervision of health programs that address various health risks or concerns including a number of mental health complaints (NASN, 2010). “Approximately 15 million children and adolescents in the United States have a mental health problem that is interfering with their functioning at home or at school, yet less than 25% receive treatment for these disorders” (Melniky, Kelly, & Lusk, 2014, p. 3). Furthermore, two thirds of youth report experiencing at least one traumatic event by age 16 (Suarez, Belcher, Briggs, & Titus, 2012).

An adverse childhood experience (ACE) is a stressful or traumatic experience. This umbrella definition includes abuse, neglect, witnessing domestic violence, or growing up with substance abuse, mental illness, parental discord, or crime in the home (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.). Research strongly suggests that ACE predisposes individuals to mental and physical health disorders in their adulthood (Carrion & Hull, 2010; Garland, Pettus-Davis, & Howard, 2013; Mitchell & O’Connor, 2013; Smith & Saldana, 2013; Waite, Gerrity, & Arango, 2010). Furthermore, populations with multiple episodes of trauma are at a higher risk for depression, tobacco use, alcoholism, illicit drug use, attempted suicide, sexually transmitted disease, obesity, diabetes, heart disease, stroke, chronic obstructive pulmonary disease, and cancer (Garland et al., 2013; Melnyk et al., 2014). The school setting is directly impacted by trauma and its negative outcomes related to adolescent substance abuse and truancy.

Background
Trauma and Substance Abuse

Substance abuse is more common in populations who have experienced trauma (Ahmadi, Tabatabaei, & Gozin, 2006; Garland et al., 2013; Horton, Diaz, & Green, 2009; Suarez et al., 2012). Adolescents who have experienced trauma are 1.5 times more likely to use illicit substances, especially marijuana, than their non-traumatized peers (Centers for Disease Control and
Trauma and Truancy

Truancy in children and adolescents is associated with drug use (Flaherty et al., 2008; Grogan-Kaylor et al., 2008; Janosz et al., 2008), violent behaviors (Bender, 2010; Chang et al., 2003), arrests in their adulthood (Bender, 2010), and later unemployment (Grogan-Kaylor et al., 2008). Approximately 50% of students who suffer from mental illness, over the age of 14, will drop out of school (National Alliance on Mental Illness [NAMI], 2006). This is the highest dropout rate of any disability group (NAMI, 2006).

Violence and bullying in the school setting are becoming more prevalent, further perpetuating rates of school-related trauma and delinquency in adolescents (Chang et al., 2003; Grogan-Kaylor et al., 2008; Janosz et al., 2008). In the United States, appropriately 80% of school-age children have witnessed verbal aggression and another 75% have witnessed physical violence in the school setting (Janosz et al., 2008). According to the National Survey of Child Exposure to Violence I, 41.2% or 2 out of 5 children were physically assaulted (Finkelhor, Turner, Shattuck, & Hamby, 2013). Of those assaulted, 17.9% were assaulted by a peer in the past year with an even higher lifetime victimization of 27.8% (Finkelhor et al., 2013). Experiencing or witnessing repetitive school violence or trauma may generate feelings of insecurity, which can lead to delinquency or disengagement from the school setting (Grogan-Kaylor et al., 2008; Janosz et al., 2008).

School-Based Trauma Informed Interventions

Interventions in the school setting are ideal as academic and health care professionals have consistent contact with this population. Minority populations may benefit the most from school-based interventions, as their contact with mental health practitioners is less than that of their Caucasian counterparts (Melnyk et al., 2014). School nurses build rapport with students and may be more likely to be trusted to discuss difficult or shameful behaviors (Hamilton, O’Connell, & Cross, 2004). MI has been successful in changing negative health behaviors in adolescents across multiple settings including schools (Baer et al., 2008; Baer, Garrett, Beadnell, Wells, & Peterson, 2007; Grenard et al., 2007; Jackman, 2012; Martin & Copeland, 2008).
Motivational Interviewing Skills

The efficacy of MI is corroborated by research, though few schools of nursing include it in their curricula (Madson et al., 2009). A survey of the principles and techniques of MI are as follows. The principles of MI comprise expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy (Enea & Dafinoiu, 2009; Frey et al., 2011; Miller & Moyers, 2006). Expressing empathy is accomplished by accepting the student in his or her current state and utilizing non-judgmental language to discuss negative health behaviors and change (Jackman, 2012). Developing discrepancy involves showing the student the gap between his or her current behavior and the behavior or outcome desired (Frey et al., 2011). School nurses can become proficient in MI through multiple modalities. Workshops and interactive, online modules are the most widely used and inexpensive modality to train school nurses in MI process and techniques (Madson et al., 2009). To provide a more inclusive training program, MI instructional curricula provide a combination of didactic instruction and experiential activities (Madson et al., 2009). The degree or training level of the practitioner did not significantly influence MI outcomes or behavior changes (Lundahl, Tollefson, Kunz, Brownell, & Burke, 2010). Additionally, school nurses or districts interested in MI training may visit the website for the Motivational Interviewing Network of Trainers (MINT). MINT is an international group of therapists who have participated in a “training of trainers” workshop and are committed to the dissemination of MI methods (Lundahl & Burke, 2009).

Although the efficacy of MI has been shown to decrease negative health behaviors across disciplines, little research has been conducted in the school setting with nurses delivering the intervention. Future research should aim to solidify the important aspects of motivational interviewing (Britt et al., 2004), produce higher quality studies (Martin & Copeland, 2008; Soderlund et al., 2011), assess the barriers of utilizing MI as a developmentally appropriate intervention (Frey et al., 2011; Jackman, 2012), and identify the important environment or practitioner characteristics to ensure that MI is an effective intervention (Hamilton et al., 2004; Miller & Moyers, 2006). Policy makers and school officials must take an active role in providing trauma informed curricula that include MI to increase utilization and create awareness of the efficacy and nature of this intervention.

Implications for Practice

School nurses manage a multitude of medical conditions and behaviors within the school setting. MI has shown to change behaviors across a spectrum of diseases and disorders (Baer et al., 2008; Baer et al., 2007; Enea & Dafinoiu, 2009; Grenard et al., 2007; Jackman, 2012; Martin & Copeland, 2008). MI is a low intensity intervention with potentially high impacts across multiple behaviors, making it an ideal intervention to be taught to school nurses during their training (Baer et al., 2007). The appreciative, positive nature of motivational interviewing is similar to that of various counseling methods taught across various counseling and interview methods. The appreciative, positive nature of motivational interviewing is similar to that of various counseling methods taught across multiple patient assessment tools and interview methods. (Bonde, Bentsen, & Hinthede, 2014). The use of MI is expected to expand, especially in the school setting, due to its flexibility in use and corroborated efficacy throughout research (Frey et al., 2011).

School nurses can become proficient in MI through multiple modalities. Workshops and interactive, online modules are the most widely used and inexpensive modality to train school nurses in MI process and techniques (Madson et al., 2009). To provide a more inclusive training program, MI instructional curricula provide a combination of didactic instruction and experiential activities (Madson et al., 2009). The degree or training level of the practitioner did not significantly influence MI outcomes or behavior changes (Lundahl, Tollefson, Kunz, Brownell, & Burke, 2010). Additionally, school nurses or districts interested in MI training may visit the website for the Motivational Interviewing Network of Trainers (MINT). MINT is an international group of therapists who have participated in a “training of trainers” workshop and are committed to the dissemination of MI methods (Lundahl & Burke, 2009).

Although the efficacy of MI has been shown to decrease negative health behaviors across disciplines, little research has been conducted in the school setting with nurses delivering the intervention. Future research should aim to solidify the important aspects of motivational interviewing (Britt et al., 2004), produce higher quality studies (Martin & Copeland, 2008; Soderlund et al., 2011), assess the barriers of utilizing MI as a developmentally appropriate intervention (Frey et al., 2011; Jackman, 2012), and identify the important environment or practitioner characteristics to ensure that MI is an effective intervention (Hamilton et al., 2004; Miller & Moyers, 2006). Policy makers and school officials must take an active role in providing trauma informed curricula that include MI to increase utilization and create awareness of the efficacy and nature of this intervention.

Acknowledgments

The author would like to thank Doctors Susan Pauly-O’Neill, Courtney Keeler and Alexa Curtis for their feedback and support regarding this article.

References


**Rebekah Synpiewski, MSN, RN, CNL**
San Francisco, CA

Rebekah is an instructor and doctoral candidate at University of San Francisco. She is a Registered Nurse at Dore Urgent Care Clinic, a Psychiatric Crisis facility in San Francisco, CA. Her specialties include pediatrics and mental health.