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Motivational Interviewing

Name

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Motivational Interviewing

Introduction

Initially, William Miller and Stephen Rollnick developed motivational interviewing (MI) for application in the treatment of substance abuse. However, its use has expanded to other areas, including the treatment of psychiatric disorders, identity development, and enhancement of lifestyle changes. Research characterizes MI as an evidence-based patient-centered approach to addressing ambivalence towards behavior change (Almansour et al., 2023; Bischof et al., 2021).

As described by Miller and Rollnick (2013), the approach involves partnership, acceptance, compassion, and evocation. It embraces a collaborative approach to therapy that empowers clients to express their concerns openly, while helping the clinician to understand the client's perspective within a non-judgmental context. Embracing an attitude of acceptance entails approving and unconditionally accepting the clients' viewpoint (Bischof et al., 2021). It involves accurate empathy, absolute worth, affirmation, and autonomy support. Compassion inhibits clinicians from pursuing their own interests, instead prioritizing the patient. On the other hand, evocation involves examining and strengthening the client's motivations for change (Bischof et al., 2021). The nurse's interaction with Steven aligns with established principles for MI, such as empathy, active listening, and a non-judgmental stance, as supported by research Arbuckle et al. (2020). The nurse demonstrates empathy by acknowledging Steven's pain and its impact on his life, practices active listening by attentively hearing his experience and concerns, and adopts a non-confrontational approach that avoids blaming or judging him. MI can be used throughout various stages of life to assist individuals in coping. It can be applied to assist clients in aligning with their intrinsic values and goals based on their age (Arbuckle et al., 2020). Consequently, this approach can help individuals examine and resolve their uncertainties about change. Thus,

its use necessitates adaptations that are pertinent to the individual's developmental stage and the challenges they are facing.

Assessment Process

Evidence from the role-play video shows the effective application of MI skills in the interactions between the nurse and Steven, although there are areas that could be refined. Miller and Rollnick (2013) identified four fundamental MI skills: asking open-ended questions, providing affirmation, engaging in reflective listening, and summarizing. Firstly, the nurse employs open-ended questions to prompt Steven to express his emotions and describe his pain experiences. Secondly, the nurse recognizes the client's courage in seeking help and demonstrates unconditional support, which is a form of affirmation. Thirdly, the nurse engages in active listening by encouraging Steven to delve into his thoughts, emotions, and values, affirming some of his statements explicitly agreeing. Fourthly, the nurse uses summarization by gathering and connecting Steven's statements to construct a narrative for reflection. As supported by research (Almansour et al., 2023; Wewiorski et al., 2021), the interaction demonstrates the use of techniques like eliciting Change Talk and Rolling with Resistance (softening Sustain Talk) that are crucial for behavior change. Significantly, the nurse inquires about Steven's life goals and expectations without directly challenging him, which is an example of eliciting Change Talk. Nevertheless, in the assessment there is a room for improvement to enhance self-efficacy and address ambivalence. While the nurse raises concerns about the long-term use of oxycodone, there is an opportunity to empower the client by discussing alternative pain management approaches that do not rely on opioids. Moreover, delving deeper into the client's concerns and ambivalence regarding non-pharmacological options could be advantageous.

Coping and Strengths

The role-play video demonstrates various important positive coping strategies and strengths. A notable example is Steven's readiness to seek assistance in managing his pain. Feffeira-Valente et al. (2020) highlight that seeking help is a key coping mechanism related to pain severity. Similarly, Steven proactively seeks out a healthcare provider, showing his acknowledgment of the necessity for external help in managing his pain. Secondly, the client's adherence to the prescribed Oxycodone indicates his dedication to adhering to medical recommendations. Thirdly, Steven has explored other pain management methods, such as marijuana, and is willing to consider alternative approaches like exercise and holistic therapies. This willingness demonstrates his flexibility and adaptability in seeking effective pain relief solutions. Finally, his willingness in sharing the pain experience, reliance on oxycodone, and the inefficacy of certain treatments suggests that he has developed coping mechanisms to manage his pain.

Steven exhibits strengths that could be utilized in development of a pain management strategy. His aspiration to resume an active lifestyle underscores considerable resilience and determination. Furthermore, he shows a readiness to work together with the nurse in exploring alternative pain management approaches. This collaborative mindset could enhance the effectiveness of the pain management plan by indicating receptiveness to advice and assistance. The client's decision to seek assistance in pain management highlights bravery. According to Kristjansdottir et al. (2018), displaying vulnerability through seeking help and a willingness to experiment with new pain management techniques are vital strengths in pain management. Moreover, the client's acknowledgement of the necessity for change, stemming from the realization that the current approach may not be sustainable, is a significant strength.

Emphasizing these coping strategies and acknowledging these strengths could be beneficial in formulating a personalized pain management strategy.

Discriminatory Analysis

Although the nurse use of MI was effective, there are several considerations for an optimal MI intervention and the significance of tailoring it to the client's age. I would have approached certain aspects of the assessment differently. Primarily, I would have placed greater emphasis on collaborative and shared decision-making. While the nurse's display of empathy and involvement of the client in the assessment sets the stage for collaboration, the actual shared decision-making process was lacking in the formulation of the pain management plan. Consequently, I would have deliberated on the various choices with the patient and suggested alternatives aligned with his objectives and preferences. Additionally, I would have delved deeper into Steven's uncertainty about non-pharmacological methods by posing questions that are more open-ended. Thirdly, I would have refrained from reacting defensively to Steven's remarks about addiction and marijuana use. Instead, I would have initiated a discussion about the dangers of long-term opioid use and the use of marijuana without proper prescription or medical supervision.

While not explicitly stated, the interaction implies that Steven is a young adult. The MI techniques employed demonstrate various age-appropriate approaches. For example, discussing the risks of long-term opioid use and the advantages of alternative pain management methods resonates with this age group. The incidence of prescription opioid misuse and use disorder is notably high among young adults, affecting an estimated 5.4 million individuals (Hudgins et al., 2019). Moreover, emphasizing holistic pain management strategies is suitable for Steve's age.

As seen in the video, Steven's lifestyle and hobbies, such as physical activity and sports, are typical for young adults.

Summary, Plan Development, and Conclusion

In the scenario, Steven shares his thoughts on the current pain management strategy, which includes the use of oxycodone. He voices concerns about the plan's effectiveness and expresses fear about potential dependence. Additionally, he seems unsure about non-pharmacological approaches. Therefore, the proposed care plan combines evidence-based methods and coping skills from psychotherapy that are aligned to meet the client's specific needs and preferences.

1. **Medication transition:** Taper off oxycodone in accordance with CDC guidelines, with the goal of eventually stopping its use. Transition to over-the-counter medication such as Tylenol.
2. **Holistic therapies:** Advice and educate the client on age-appropriate therapies involving minimal movement but essential to pain management, including relaxation exercises, mindfulness meditation, and deep breathing techniques.
3. **Physical therapy referral:** Refer the client to a physical or occupational therapist for a personalized exercise regimen designed to target pain levels and progressively enhance physical activity.
4. **Social support:** Encourage Steven to involve his family or friends in supportive activities aligned with his goals, including inviting them participate in light physical activities.
5. **Coping skills:** Educate the client about important coping strategies, including stress management techniques, to assist him in managing stress and anxiety associated with pain.

In conclusion, the discussion based on the role-play video illustrates the value of MI in addressing complex issues, including pain management. While initially designed for substance use treatment, MI has become widely utilized in various healthcare contexts. Clinicians should incorporate MI principles and skills to enhance patient outcomes. Moreover, integrating patient's strengths and coping mechanisms can assist clinicians in customizing interventions with age-appropriate strategies. Using MI encourages collaboration and patient-centered care, where clinicians uphold patient's autonomy while motivating them to achieve lasting behavior change.

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