Exploring the Impact of Motivational Interviewing Techniques on Caregiver Perception and Therapy Home Programming in Occupational Therapy and Physical Therapy

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Objectives

• Provide an overview of self-management and key techniques from motivational interviewing
• Review a research study exploring the impact of using techniques from motivational interviewing in pediatric therapy practice
• Discuss findings of research study and implications for therapy practice

Background

• Family-centered care requires effective collaboration between patients, their families/caregivers, and healthcare providers
• Pediatric therapists work with children and young adults with a variety of diagnoses
• Each client and family have unique factors impacting self-management
• Therapy home programs are utilized routinely as a direct complement to therapy intervention
Purpose

• To evaluate the impact of using techniques from motivational interviewing in pediatric OT and PT practice on
  – Parent/caregiver perception of therapy services provided
  – Therapy home program adherence

Self-Management and Motivational Interviewing Literature Review

• Strong body of evidence to support the use of motivational interviewing by healthcare professionals
  – Majority of articles studied MI with parents and examined behavior change related to the child’s health outcomes
  – Individuals providing MI intervention included healthcare workers from many disciplines (physicians, nurses, dentists, dieticians, psychologists, social workers, etc.)

  (Channon, Smith, & Gregory, 2003; Chronic Care Self Management Guideline from CHMC (2007); Emmons et al., 2001; Erickson, Gerzlie, & Feldstein, 2005; Gance-Cleveland, 2005 & 2007; Harrison et al., 2007; Hutchinson et al., 2013; Kientz & Dunn, 2012; Knight et al., 2006; Orchard, 2003; Rubak et al., 2005; Sidelker et al., 2004; Soderlund et al., 2009; Suany, & Mulline, 2008; Tyler & Horner, 2008; Weinstein, Harrison, & Benton, 2006; Williams et al., 2007; Wong & Cheng, 2013)

Research Hypotheses

• Parents of children with CMT who are working with an OT or PT trained in MI will report increased feelings of partnership and support with their child’s therapist compared to those who are working with a therapist not trained to use MI skills.
• Independence with the therapy home program will be achieved in a shorter period of time by parents of children with CMT whose therapist has been trained to use MI techniques as compared to therapists who provided standard care.
Methods

• Pretest/posttest control group design
  – 32 occupational therapists and physical therapists, 16 randomized to each group
  – Measures: electronic medical record review and Measure of Processes of Care (MPOC-20) (King, King, & Rosenbaum, 2004)
  – 16 therapists in the intervention group received training in techniques to promote self-management in therapy practice

Intervention Training Program

• 1 hour of online pre-course work including knowledge checks
• 4 hour live classroom training session including didactic and interactive components
• Follow-up lunch time meeting
• Individual observation of a therapy treatment session

What is Self-Management?

Self-management is the ability of the client and his/her family to collaborate on and adhere to individualized therapy treatment recommendations and appropriately handle signs/symptoms/difficulties associated with the therapy diagnosis to maximize quality of life and participation

– Medical Management
– Role Management
– Emotional Management
Self-Management Core Skills

- Problem solving
- Decision making
- Resource utilization
- Patient-provider partnership
- Action planning
- Self-tailoring


Stages of Readiness

Assessing the Client’s Stage of Readiness

- Based upon the Transtheoretical Model of Change (Porchaska & Velicer, 1997)
- Important for improved communication and collaboration and tailored interventions
- Helps move patients/families from one stage of readiness to the next
Motivational Interviewing (MI)

“Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.”

• Focused on incorporating techniques from MI into therapy treatment sessions:
  – Open-ended questions
  – Affirmations
  – Reflections
  – Summarization
  – Elicit, Provide, Elicit

Measure of Processes of Care-20

• Responses scored on a scale from 0-7 (higher score indicates more agreement)

• 5 scales on the MPOC-20
  – Utilized the Respectful & Supportive Care and Enabling & Partnership scales

• Caregivers of children with CMT were asked to complete at the final treatment session or after their child had been in therapy for at least 3 months

Results: MPOC-20

<table>
<thead>
<tr>
<th>Variable</th>
<th>Control</th>
<th></th>
<th></th>
<th>Intervention</th>
<th></th>
<th></th>
<th>p-value</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
<td>Std Dev</td>
<td>N</td>
<td>Mean</td>
<td>Std Dev</td>
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<tr>
<td>MPOC-20 Total Score</td>
<td>24</td>
<td>6.10</td>
<td>1.20</td>
<td>24</td>
<td>6.64</td>
<td>0.46</td>
<td>0.0498*</td>
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<tr>
<td>Respectful &amp; Supportive Care</td>
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<td>6.44</td>
<td>1.02</td>
<td>24</td>
<td>6.72</td>
<td>0.46</td>
<td>0.2374</td>
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<tr>
<td>Enabling &amp; Partnership</td>
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<td>5.54</td>
<td>2.22</td>
<td>24</td>
<td>6.51</td>
<td>0.67</td>
<td>0.0499*</td>
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Satterthwaite t-test (corrected for unequal variances)

*Statistically significant difference
Electronic Medical Record Review
• Conducted to determine number of treatment sessions needed for family to achieve independence with the therapy home program
  – Prior to study to ensure groups were similar at baseline
  – 6 months after the self-management training session
• Therapists at CCHMC document whether family is independent, requires verbal cueing, requires physical assistance, or is unable

Results: Treatment Sessions to Achieve Independence with the Therapy Home Exercise Program

<table>
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<tr>
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<th>Control Mean</th>
<th>Treatment Mean</th>
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<tr>
<td>Wilcoxon rank sum test, p = .0015</td>
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<tr>
<td>(Mean: control = 3.64 treatment sessions; intervention = 2.38 treatment sessions)</td>
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Conclusions from the Self-Management Research Study
• Significant difference in number of treatment sessions needed to achieve independence with the therapy home exercise program
• Clinically meaningful difference in parent/caregiver perception of partnering with their child’s therapist
• Preliminary evidence to support the use of MI techniques in pediatric therapy practice
Questions?

Selected References


* For a complete reference list, please send an email to victoria.mcquiddy@cchmc.org.