Motivational Interviewing: A Communication Tool to Promote Positive Behavior Change and Optimal Health Outcomes

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Motivational Interviewing

A Communication Tool to Promote Positive Behavior Change and Optimal Health Outcomes

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Motivational interviewing (MI) is a collaborative communication style that can be integrated into everyday practice to improve conversations and serve as a catalyst for behavior change. This article reviews the fundamental principles and basic skills of MI. It discusses how MI has evolved from a therapeutic modality to a conversational style, applicable in the school setting and specifically for school nurses. The article provides an overview of how MI can be used by school nurses, challenges they may face, and resources to support implementation.

Keywords: motivational interviewing (MI); communication; school nurse; pediatrics; behavior change

School nurses are often the first, and frequently only, healthcare provider students will seek out, particularly within minority populations. School nurses are in an ideal position to assess students, identify potential problems, facilitate behavior change, and coordinate care (Council on School Health, 2016). Motivational interviewing (MI) offers a promising approach to improve dialogue with students and to enhance their engagement in care, promoting optimal health and well-being (Mallisham & Sherrod, 2017).

Historically, doctors and nurses have discussed patient healthcare needs from an authoritarian perspective. As the experts, they try to persuade patients to change behaviors by advising them what would be best. Unfortunately, this does not play well with adolescents who are often skeptical of experts and value their autonomy, creating more resistance than commitment to care (Miller, 2018). In addition, the directive approach does not consider the dynamics of behavioral change or individual levels of motivation to change, often having disappointing results (Caccavale et al., 2019).

An alternative style of communication is guiding rather than directing. MI embodies this style with the fundamental belief that a person has the capacity to change, especially when supported in a caring and accepting environment. MI strategies seek to uncover an individual's internal motivation to change by focusing on their strengths and desire to change, rather than advising them what's best. MI offers a pathway to promoting positive behavioral changes in a nonconfrontational manner (Al Ubaidi, 2017).

What Is MI and MI in Practice

MI is a "collaborative conversation style for strengthening a person's own motivation and commitment to change" (Rollnick et al., 2016, p. 12). Simply stated, MI is a way of talking and listening to students to help them identify their own reasons to change and what might work best. MI interviewing, when used as a conversational style, can be beneficial in many other aspects of care. MI can help the school nurse to explore underlying reasons bringing a student in to the health room; or, merely to have an open and honest discussion to exchange information, and not necessarily focus only on change.

MI conversations are characterized by compassion, collaboration, and acceptance. MI practice can be described as a way of being with a student that puts them first, accepts them where they

Table 1. Dos and Don'ts for OARS Skills

OARS Skills	Do Try	Try Not To Say
Open-ended questions	How has that been for you? What has led you to this point?	Did you go to class? Why did you do that?
Affirmation of strengths	Your motivation shows because you are here today.	You came to school but you aren't in class.
Reflective listening	It sounds like you are trying really hard and don't feel like people see that.	You aren't happy.
Summarize	You are hoping to improve your grades and attendance even though that may be hard.	Ok let's talk more next time.

are, and assumes they are experts of their own lives and have the capacity to change. When encounters reflect these MI concepts, empathetic relationships are nurtured and conversations become more productive. Students feel heard and respected and thus are more willing to seek solutions.

MI was initially developed as a counseling modality to treat addiction in 1983 and remains a very popular therapeutic tool today. MI has evolved from primarily a counseling style to a communication approach used to facilitate discussions as well as promote behavior change. Decades of research have generated a wealth of evidence validating the use of MI in multiple settings to create positive behavioral changes (Miller, 2017). Studies using MI in the school setting have demonstrated positive outcomes with obesity (Bonde et al., 2014; Ige et al., 2017), asthma (Blaakman et al., 2014), substance abuse (Barnett et al., 2014), and depression and suicide (Arkowitz et al., 2015). Reinauer et al. (2018) reported that students were more willing to accept mental health services when an MI approach was used. In addition, a reduction in childhood dental caries was found using MI (Colvara et al., 2018; Jamieson et al., 2019). Clearly the benefits of MI are far reaching.

Why School Nurses

Student populations are becoming more and more diverse and school nurses need to be prepared to work with these students (De Brey et al., 2019). MI provides a culturally sensitive approach to do so. Promising results have been found across multiple ethnic groups (Latinos, African Americans, and American Indians) using MI to facilitate better health outcomes for addiction treatment, diabetes management, and medication compliance as compared with traditional approaches (Bahafzallah et al., 2019; Oh & Lee, 2016). In addition, MI has been identified as a skill set within the National Association of School Nurses' (NASN) Framework for 21st Century Nursing Practice for nurses to consider enhancing their practice skills (NASN, 2017).

Core Skills of MI

MI is used as a communication tool to explore underlying issues and work toward finding solutions. There are a number of core skills in MI that are useful when talking with a student. These skills use the acronym OARS (*open*-ended questions, *affirmation* of strengths, *reflective* listening, *summarize*; see Table 1 for examples).

Open-Ended Questions

Ask questions that will elicit more than a yes or no answer to encourage students to share more. Start questions with phrases like "Help me understand . . ." or with words like "How" and "What." In addition, avoiding the use of "Why" questions can be helpful as these types of questions can come across as accusatory or aggressive. Use of open-ended questions can help identify an underlying reason for coming to the health room that may need to be addressed in order to solve the initially presenting, acute problem.

Affirmation of Strengths

When talking with a student, it is important to point out strengths whenever observed; often students are unaware that they have so many. This could be as simple as telling them it is a strength that they came in and sought out help. When identifying strengths, it is most impactful when *functional* strengths are identified. Rather than just sharing positive qualities observed in the student (i.e., kind, creative, helpful), give an example of how the student is living that quality. Say something like "You are so kind because you help your sister with her homework after school." Stating strengths in this way enables the student to identify with that positive quality and thus makes it more likely he or she will internalize it.

Reflective Listening

Rephrase what a student has said to confirm understanding and build rapport. This type of reflection shows that you are truly listening and helps the student feel respected. For example:

Student: I am only here because my mom won't watch my baby unless I go back to school. But I am not going back to my old school because they will tease me and I am so far behind . . . even if I tried to get back on track, no one will help me catch up.

Nurse: It sounds like you are not comfortable at your old school but would like to catch up.

Table 2. How Best to Use Basic Principles in Motivational Interviewing

Basic Principles	Do Try	Try Not To Say
Empathy	I hear that you are feeling really hurt.	Are you angry?
Developing discrepency	I wonder how you feel your drinking is affecting your relationship with your girlfriend, if at all?	Don't you think your girlfriend would like if you stopped drinking so much?
Avoid argumentation	Everyone is telling you to stop skipping class, but you don't feel you will be able to do that.	There is probably a reason everyone says not to keep skipping class.
Roll with resistance	You aren't sure how to stop fighting, or even if you want to because those kids are mean to you.	Fighting is getting you in trouble, so we should figure out how you can stop.
Support self-efficacy	You have shown a lot of strengths today that I know you can use moving forward.	It's going to be really hard to change this behavior and you will have to work at it.

Summarizing

Ending a session of any length with a summary can help ground the student in what was discussed and next steps to take. Highlight key points and strengths, allowing the student to remember those pieces more readily. A summary also provides the opportunity to make sure the nurse and student are on the same page regarding what was discussed.

Basic Principles of MI

There are five basic principles of MI that can be utilized throughout any session, whether it is 5 minutes or an hour. Some of these come naturally while others can be more difficult to employ (see Table 2 for examples).

Empathy

Empathy is characterized by the ability to connect with someone's story through a warm and nonjudgmental stance. It does not require one to have the same experience, but to be able to identify with the feelings the student is having. Showing empathy often requires more listening than talking, while also using the OARS skills.

Developing Discrepancy

The aim of this principle is to identify ways in which the student's current behaviors do not align with their values or future goals. This can be explored with empathy by using curiosity (rather than coming from the stance of an expert) to ask questions as to how their current actions may get in the way that they want to live, or their future goals. For example, a student has a goal of being a lifeguard to make money; however, they are using marijuana daily and will be getting drug tested as part of the job application process. The school nurse can explore with the student by asking, "I wonder, if you continue to use as you are, how do you feel that could affect getting the job as a lifeguard?"

Avoid Argumentation

While this may seem obvious, it can actually be quite easy to get into a power struggle with someone because the school nurse (the professional) can see what the right course(s) of action should be. It can be easy to counter a student's logic with our own; but this can lead to argumentation and resistance. Avoid fighting against what the student wants, even if it is a negative decision or behavior. Avoid confronting students' denial as this may shut them down rather than keep them open to potential options for change. Use alternative activities (worksheets, discussions) to help students come to their own conclusions about their behaviors, rather than telling them what potential consequences could be.

Roll With Resistance

Students often resist change and/or deny problems exist. Students have a past history (e.g., trauma, bullying, abuse, or homelessness) that often influences their decision-making process in a negative way. To move forward in a positive direction, the nurse must "roll" with the student and avoid arguments. Rolling with resistance involves accepting the student where they are at, listening and reflecting empathetically, while pointing out discrepancies in what they have said in a nonconfrontational way. Acknowledging that change is difficult and ambivalence is normal may also elicit a less defensive posture. As resistance declines, the student may be more open to look at different viewpoints and identify a solution that works best for them. Rolling with the student empowers them to act and build self-efficacy.

Support Self-Efficacy

It is important to end every encounter on a hopeful note. Provide hope by reminding the student of their strengths and capacity to work toward change. One way to support self-efficacy is by asking the student what they feel is realistic to do in an identified amount of time. For example, can a student commit to coming to school 3 out of 5 days in the next week instead of only 1 to 2 days?

Using many of these skills and principles are not new to school nurses. MI provides an overall framework to pull everything together in a style that could

Figure 1. Stages of change and motivational interviewing outcomes
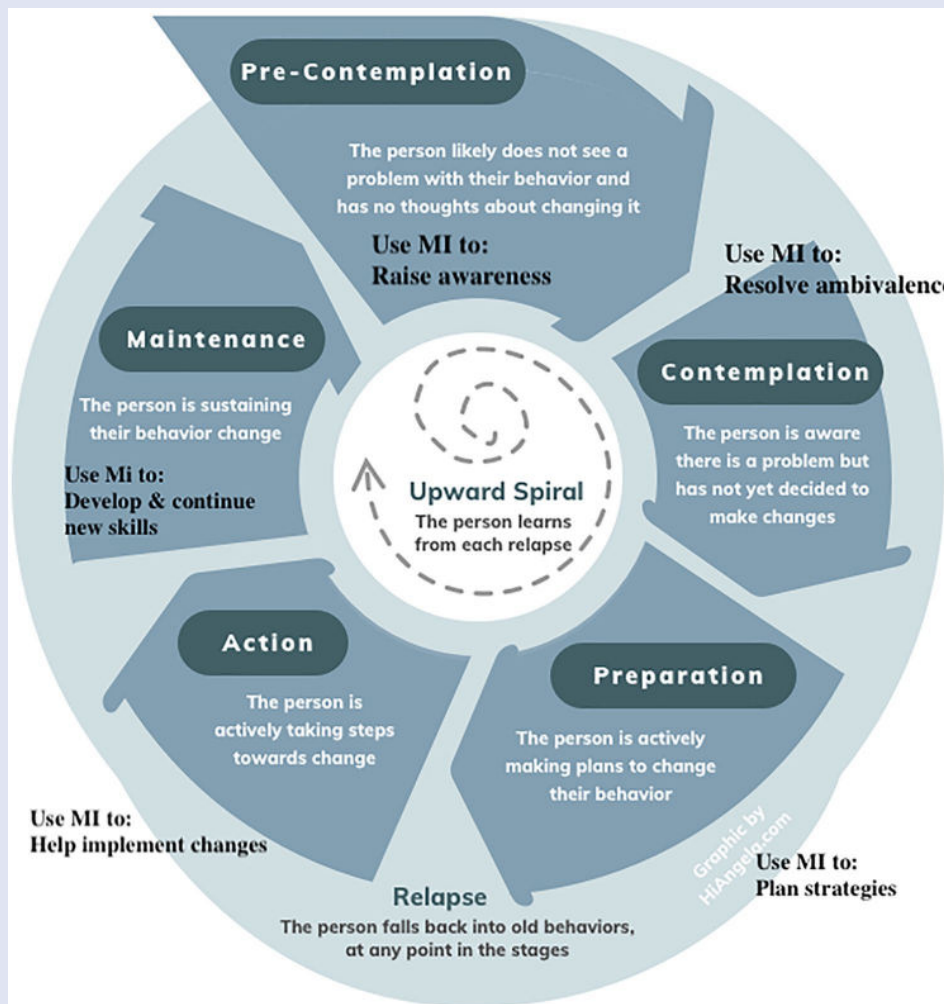
make student encounters more productive. It is important to note that the stages of change model underlies much of how one successfully interacts with a student. Figure 1 describes the stages of change model and potential outcomes using MI. Kahan and Manson (2017) found that when MI interventions were tailored to a specific stage of change, patients were more engaged, and changes in behavior more successful. Thus, it would be beneficial to understand what a student may be thinking in a particular stage of change to more fully appreciate the value of MI. For example, when a student has no intention to change (precontemplation stage), MI principles and OARS skills can

help to develop rapport as well as to identify underlying issues and raise awareness. When a student is not sure whether or not to change (contemplation stage), MI can be used to discuss the pros and cons in a collaborative, guiding fashion to help resolve ambivalence. Using MI in conjunction with the stages of change model facilitates accepting the student where they are and more closely taps into their internal motivation and readiness to change.

Application to School Nurses

There is considerable evidence supporting the use of MI in pediatric populations (Desai, 2019; Ratanavivan & Ricard, 2019) and specifically concerns

presented in the school setting, such as vaccine hesitancy (Attwell et al., 2019; Gagneur et al., 2018), diabetes (Luke & Richards, 2018), and trauma-informed care (Sypniewski, 2016). School nurses already infuse the spirit of MI in their work. They are empathetic, caring, and nonjudgmental, which creates a trusting atmosphere encouraging students to reach out for help. School nurses can now use MI as a complete conversational style to facilitate better communications and health outcomes. MI has evolved beyond being just a therapeutic modality to an intervention appropriate in multiple contexts and levels of care (Miller, 2018).

MI's conversational style can be applied in many areas of nursing practice. MI

Table 3. Online Resources for Motivational Interviewing

Courses
NASN E-Learning: MI for School Nursing
https://www.pathlms.com/nasn/courses/12101
Mental Health Training Intervention for Health Providers in Schools (MH-TIPS)
https://mdbehavioralhealth.com/MHTIPS/course/intro/10443
YouTube videos
MI: An Introduction by Bill Matulich, PhD, MINT member
https://youtu.be/s3MCJZ7OGRk
The Effective Physician—OARS Annotated Tutorial Video
https://youtu.be/URiKA7CKtfc
Effective MI With a Teen
https://youtu.be/F-zT2tj53NY
Websites
Motivational Interviewing Network for Trainers (MINT)
https://motivationalinterviewing.org
SAMHSA-HRSA for Integrated Health Solutions)
https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing

Note. MI = motivational interviewing; SAMHSA = Substance Abuse and Mental Health Services Administration; HRSA = Health Resources and Services Administration.

techniques can be helpful in getting to the true nature of issues and feelings, as well as opening the door for treatment of mental health disorders (Dean et al., 2016). Somatic complaints may be a symptom of depression (Desrochers & Houck, 2014), while anger and anxiety may be due to bullying or child abuse (Allison et al., 2014; Child Welfare Information Gateway, 2017). MI facilitates the discussion of sensitive topics, enabling the nurse to more accurately assess and manage patients. MI techniques convey genuine concern and empathy allowing the student to feel heard, all of which are key to establishing rapport. Good rapport connects the nurse to the student and can have a positive impact on health outcomes.

Patient education is a key role of school nurses and use of MI strategies can facilitate cooperation and compliance. School-age children are sometimes hard to engage, act on emotions and resist change, all of which can negatively affect healthcare outcomes. MI helps students to explore resistance or ambivalence to change and seek solutions that fit for them, evoking changes that have a more lasting impact (Rollnick et al., 2016). Schaefer and Kavookjian (2017) found MI interventions resulted in better compliance to individualized healthcare plans for adolescents with chronic diseases compared to more directive approaches. MI has had promising results in managing substance abuse (D'Amico et al., 2018; Kells et al., 2019), bullying (Cross et al., 2018), and poor self-care in school-age children (Kennedy et al., 2015). These are just a few of the many studies that demonstrate the potential for MI to improve the health and quality of life for students.

Challenges

Using MI in the school setting is not without challenges. Many students may not see a reason to change. Family or friends may even sabotage efforts when the student takes steps toward positive behavior choices. Using MI to evoke change talk may feel pointless in these situations. However, MI used as a style of communication can provide a means to open up discussions, address ambivalence and explore solutions.

Time pressures could also be seen as a barrier. Learning MI is simple but does take practice to perfect. How much time does this really mean? Interestingly, level of training does not significantly affect outcomes when using MI (Miller, 2018), meaning that starting with the basics can make a difference. Even a few brief sessions are shown to be beneficial (Al Ubaidi, 2017; D'Amico et al., 2018). MI can help nurses get to the heart of the problem quicker, particularly with mental health issues, which not only improves outcomes but often decreases frequency of office visits (Desrochers & Houck, 2014). MI may actually be an investment in saving time.

Training and Resources

There are a variety of online resources and training opportunities for MI (see Table 3). MI for School Nurses is a NASN e-learning course that introduces the basic concepts and strategies of MI. Another online course is Mental Health Training Intervention for Health Providers in Schools (MH-TIPS), also accessible through NASN website (offered by the University of Maryland). While MI is not the primary focus of MH-TIPS course, MI philosophy and skills are interwoven throughout the course and demonstrate practical applications of MI.

The Motivational Interviewing Network of Trainers (MINT) is an international organization that offers numerous resources such as onsite training, online blended courses, individual self-paced programs, and more. In addition, MINT

has an extensive library of resources, most available at no cost. YouTube videos are another option. Three short video tutorials are provided in Table 3 and additional YouTube videos can be found in the Resources section of the MINT website.

Conclusion

MI is an ideal modality for school nurses as the conceptual framework for their care. These skills are applicable across a range of behaviors and medical concerns commonly seen in the school setting. MI is a style and spirit that enables nurses to operationalize constructs of empathy and caring in practice and make sensitive and difficult conversations easier and more productive. MI 's success in the health care arena, and specifically in pediatrics, exemplifies the value of being mindful of a person's needs in a caring and compassionate manner, at any age. MI offers a way to have "everyday conversations about change in schools, so that there is less struggle and more enjoyment of life and learning for students and staff" (Rollnick et al., 2016, p. ix). MI is not meant to solve all problems but can also be a complimentary tool to improve the quality of school nursing practice. School nurses who choose to embrace MI could really make a difference. ■

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References

Al Ubaidi, B. A. (2017). Motivational interviewing skills: A tool for healthy behavioral changes. *Journal of Family Medicine and Disease Prevention*, *3*(4), Article 069. https://doi .org/10.23937/2469-5793/1510069

Allison, V. L., Nativio, D. G., Mitchell, A. M., Ren, D., & Yuhasz, J. (2014). Identifying symptoms of depression and anxiety in students in the school setting. *Journal of School Nursing*, *30*(3), 165-172. https://doi .org/10.1177/1059840513500076

Arkowitz, H., Miller, W. R., & Rollnick, S. (Eds.). (2015). *Motivational interviewing in the treatment of psychological problems* (2nd ed.). Guilford Press.

Attwell, K., Dube, E., Gagneur, A., Omer, S. B., Suggs, L. S., & Thomson, A. (2019). Vaccine acceptance: Science, policy, and practice in a post-fact world. *Vaccine*, *37*(5), 677-682. https://doi.org/10.1016/j.vaccine.2018.12.014

Bahafzallah, L., Hayden, K.A., Raffin Bouchal, S., Singh, P., & King-Shier, K.M. (2019). Motivational interviewing in ethnic populations. *J Immigrant Minority Health*, Published online: 26 October 2019. https:// doi.org/10.1007/s10903-019-00940-3

Barnett, E., Moyers, T. B., Sussman, S., Smith, C., Rohrbach, L. A., Ung, P., & Sprulit-Metz, D. (2014). From counselor skill to decreased marijuana use: Does change talk matter? *Journal of Substance Abuse Treatment*, *46*(4), 498-505. https://doi.org/10.1016/j .jsat.2013.11.004

Blaakman, S. W., Cohen, A., Fagnano, M., & Halterman, J. S. (2014). Asthma medication adherence among urban teens: A qualitative analysis of barriers, facilitators and experiences with school-based care. *Journal of Asthma*, *51*(5), 522-529. https://doi.org/ 10.3109/02770903.2014.885041

Bonde, A. H., Bentsen, P., & Hindhede, A. L. (2014). School nurses' experiences with motivational interviewing for preventing childhood obesity. *Journal of School Nursing*, *30*(6), 448-455. https://doi. org/10.1177/1059840514521240

Caccavale, L. J., Corona, R., LaRose, J. G., Mazzeo, S. E., Sova, A. R., & Bean, M. K. (2019). Exploring the role of motivational interviewing in adolescent patient-provider communication about type 1 diabetes. *Pediatric Diabetes*, *20*(2), 217-255. https://doi .org/10.1111/pedi.12810

Child Welfare Information Gateway. (2017). *Motivational interviewing: A primer for child welfare professionals*. U.S. Department of Health and Human Services, Children's Bureau. https://www.childwelfare.gov/pubs/ motivational-interviewing/

Colvara, B., Faustino-Silva, D. D., Meyer, E., Hugo, F. N., Hilgert, J. B., & Celeste, R. K. (2018). Motivational interviewing in preventing early childhood caries in primary healthcare: A community-based randomized cluster trial. *Journal of Pediatrics*, *201*(2018), 190-195. https://doi.org/10.1016/j. jpeds.2018.05.016

Council on School Health. (2016). Role of the school nurse in providing school health services. *Pediatrics*, *137*(6), e20160852. https://doi.org/10.1542/peds.2016-085

Cross, D. S., Runions, D. C., Resnicow, K. A., Britte, E. F., & Gray, C. (2018). Motivational interviewing as a positive response to high-school bullying. *Psychology in the Schools*, *55*(5), 464-475. https://doi.org/10.1002/ pits.22120

D'Amico, E. J., Parast, L., Shadel, W. G., Meredith, L. S., Seelam, R., & Stein, B. D. (2018). Brief motivational interviewing intervention to reduce alcohol and marijuana use for at-risk adolescents in primary care. *Journal of Consulting and Clinical Psychology*, *86*(9), 775-786. https://doi .org/10.1037/ccp0000332

De Brey, C., Musu, L., McFarland, J., Wilkinson-Flicker, S., Diliberti, M., Zhang, A., Branstetter, C., & Wang, X. (2019). *Status and trends in the education of racial and ethnic groups 2018* (NCES 2019-038). U.S. Department of Education. https://nces .ed.gov/pubs2019/2019038.pdf

Dean, S., Britt, E., Bell, E., Stanley, J., & Collins, S. (2016). Motivational interviewing to enhance adolescent mental health treatment engagement: A randomized clinical trial. *Psychological Medicine*, *46*(9), 1961-1969. https://doi.org/10.1017/ S0033291716000568

Desai, N. (2019). The role of motivational interviewing in children and adolescents in pediatric are. *Pediatric Annals*, *48*(9), e376-e379. https://doi.org/10.3928/19382359-20190816-01

Desrochers, J. E., & Houck, G. M. (2014). *Depression in children and adolescents. Guidelines for school practice*. National Association of School Nurses.

Gagneur, A., Gosselin, V., & Dubé, È. (2018). Motivational interviewing: A promising tool to address vaccine hesitancy. *Vaccine*, *36*(44), 6553-6555. https://doi.org/10.1016/j .vaccine.2017.10.049

Ige, T. J., DeLeon, P., & Nabors, L. (2017). Motivational interviewing in an obesity prevention program for children. *Health Promotion Practice*, *18*(2), 263-274. https:// doi.org/10.1177/1524839916647330

Jamieson, L. M., Smithers, L. G., Hedges, J., Aldis, J., Mills, H., Kapellas, K., Lawrence, H. P., Broughton, J. R., & Ju, X. (2019). Follow-up of an intervention to reduce dental caries in indigenous Australian children: A secondary analysis of a randomized clinical trial. *JAMA Network Open*, *2*(3), e190648. https://doi.org/10.1001/ jamanetworkopen.2019.0648

Kahan, S., & Manson, J. E. (2017). Nutrition counseling in clinic practice. How clinicians can do better. *JAMA Journal of the American Medical Association*, *318*(12), 1101-1112. https://doi.org/10.1001/jama.2017.10434

Kells, M., Burke, P. J., Parker, S., Jonestrask, C., & Shrier, L. A. (2019). Engaging youth (adolescents and young adults) to change frequent marijuana use: Motivational Enhancement Therapy (MET) in primary care. *Journal of Pediatric Nursing*, *49*, 24-30. https://doi.org/10.1016/j.pedn.2019.08.011

Kennedy, D., Apodaca, T., Trowbridge, K., Hafeman, C., Roderick, E., & Modrcin, A. (2015). Learning motivational interviewing: A pathway to caring and mindful patient encounters. *Journal of Pediatric Nursing, 31*(5), 505-510. https://doi.org/10.1016/j.pedn.2015.12.011

Luke, S. L., & Richards, L. (2018). Motivational interviewing: A tool to open dialogue with teens with type 1 diabetes mellitus. *Journal of Pediatric Nursing, 40*, 89-91. https://doi.org/10.1016/j.pedn.2018.02.014

Mallisham, S. L., & Sherrod, B. (2017). The spirit and intent of motivational interviewing. *Perspectives in Psychiatric Care, 53*(4), 226-233. https://doi.org/10.1111/ppc.12161

Miller, W. R. (2017). *Systematic and meta-analyses of research on motivational interviewing.* http://www.motivationalinterviewing.org/sites/default/files/mi_research_reviews_2017.pdf

Miller, W. R. (2018, November). *Motivational interviewing: A metamorphosis* [Paper presentation]. 2018 International Meeting of the Motivational Interviewing Network of Trainers–MINT Forum, New Orleans, LA, United States. https://motivationalinterviewing.org

National Association of School Nurses. (2017). The role of the 21st-century school nurse: Position statement. *NASN School Nurse, 32*(1), 56-58. https://doi.org/10.1177/1942602X16680171

Oh, H., & Lee, C. (2016). Culture and motivational interviewing. *Patient Education and Counseling, 99*(11), 1914-1919. https://doi.org/10.1016/j.pec.2016.06.010

Ratanavivan, W., & Ricard, R. J. (2019). Making positive changes counseling (MPCC) program: A creative adaptation of motivational interviewing for use with children in school settings. *Journal of Creativity in Mental Health.* Advance online publication. https://doi.org/10.1080/15401383.2019.1641775

Reinauer, C., Viermann, R., Förtsch, K., Linderskamp, H., Warschburger, P., Holl, R. W., Staab, D., Minden, K., Muche, R., Domhardt, M., Baumeister, H., Meissner, T., & COACH Consortium. (2018). Motivational interviewing as a tool to enhance access to mental health treatment in adolescents with chronic medical conditions and need for psychological support (COACH-MI): Study protocol for a clusterrandomised controlled trial. *Trials, 19*(1), 629. https://doi.org/10.1186/s13063-018-2997-5

Rollnick, S., Kaplan, S. G., & Rutschman, R. (2016). *Motivational interviewing in schools: Conversations to improve behavior and learning.* Guilford Press.

Schaefer, M. R., & Kavookjian, J. (2017). The impact of motivational interviewing on adherence and symptom severity in adolescents and young adults with chronic illness: A systematic review. *Patient Education & Counseling, 100*(12), 2190-2199. https://doi.org/10.1016/j.pec.2017.05.037

Sypniewski, R. (2016). Motivational interviewing: A practical intervention for school nurses to engage in trauma informed care. *NASN School Nurse, 31*(1), 40-44. https://doi.org/10.1177/1942602X15576777

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