Changing Practice in School-Based Settings: Strategies for Nudging Colleagues along the Change Continuum

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Learning Objectives

Participants will reflect on school-based practices and identify current trends and influences.

Participants will identify components of Motivational Interviewing and behavior change theories that can be utilized to listen for and facilitate change in themselves and colleagues.

Participants will be able to apply Motivational Interviewing techniques to support practice changes in school-based settings.

Participants will develop an action plan to take back to their school district.
Accountability Measures

Children with disabilities are educated in their neighborhood schools in regular classrooms with their non-disabled peers to the greatest extent as possible.

Interdisciplinary teams of educational professionals, specialists and caregivers work together to evaluate access and learning, plan intervention, and implement instruction using best available evidence.

Progress is monitored, outcomes are measured and data is used to drive educational decision making.

Educational achievement, high school graduation and employment rates rise among individuals with disabilities.
IDEA, ESSA, and OTPF in Alignment

Engage full scope of practice to meet the occupational needs of children and youth across the lifespan from early childhood through transition to post-secondary environments.

Identify and prioritize the occupational strengths, interests and needs of students using ecological evaluation practices and formal and standardized assessments that target meaningful occupational engagement and participation.

Provide services to students in naturally occurring locations and during naturally occurring activities.

Design intervention using best available evidence to address the gap between performance and contextual supports by engaging student strengths and modifying environments and tasks.

Collecting and analyzing data to inform decision making and measure and report outcomes.
Educational Reform and Priorities

Closing the achievement gap
Changing demographics
Improving educational outcomes for diverse learners
Continual formative and authentic assessment
Explicit learning goals aimed at college and career readiness
Trends in Practice

- Inclusive and Contextualized Practice
- Interdisciplinary Collaboration
- Data Based Decision Making and Outcome Measurement
- Evidence Based Practice
Who are We and How are We Doing?

PRACTICE PRIORITIES

Inclusive and Contextualized Practice

WHAT DOES OUR PRACTICE LOOK LIKE

Identify the roles and the activities that the student needs or desires to participate in?

Determining the skills required of the roles and activities and observe performance in naturally occurring contexts?

Identify the available resources needed to accomplish the roles and activities and the barriers that inhibit performance?

Identify the remedial and modifying processes that will bring about successful engagement?
### Who are We and How are We Doing?

#### PRACTICE PRIORITIES

Interdisciplinary Collaboration

#### WHAT DOES OUR PRACTICE LOOK LIKE

Who are the key stakeholders impacted by the performance issues and how might they be drawn into the collaboration and problem solving process?

Do interventions match the capacities and competencies of those expected to carry over the interventions?

How will the ‘who, what, where, when, and how’ of intervention implementation be managed?
Who are We and How are We Doing?

**PRACTICE PRIORITIES**

Data Based Decision Making and Outcome Measurement

**WHAT DOES OUR PRACTICE LOOK LIKE**

How will progress be measured?

How will confounding factors (absences, illnesses, behavior changes, etc.) influence be viewed relative to intervention success?

How will change be attributed to the intervention?

How will the team analyze expected and unintended outcomes (how and why the intervention worked or did not work)?
Who are We and How are We Doing?

PRACTICE PRIORITIES

Evidence Based Practice

WHAT DOES OUR PRACTICE LOOK LIKE

What evidence suggests that the intervention will be successful? What predictions might be made?

What are the possible outcomes if the intervention is not successful?

What physical, knowledge, skill, behavior, cultural and attitudinal affordances and barriers impact the intervention implementation?

What theory of change will be used to design interventions?
SWOT Analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>Opportunities</td>
<td>Threats</td>
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What does your practice look like?
What do you like about it?
What do you not like?
What do you want to be different?
What are your strengths and weaknesses as a school-based practitioner?
What is your comfort zone?
Who and what needs to change?
What Drives Change?

Drivers for change:
- Occupational Therapy Practice Framework
- World Health Organization International Classification of Functioning, Disability and Health
- Individuals with Disabilities Education Improvement Act

(AOTA, 2014; WHO, 2002)
It’s possible!

“Change was possible in our district because we had seekers who repeatedly went to the literature for guidance on best practices and to gain knowledge”.

You are leaders of change!

(Erikson, 2010, p.67)
Change Through Expert Practice

Entry Level/Novice

Best Practice/Practice Change

Practice Expert
Reflective Practitioner

Not based on years of experience

Active Process

Characteristic of a career of practice reflection

(Boshuizen, H., Bromme, R., & Gruber, H., 2004; Ericsson, K. A., 2009)
Reflection: The Non-Negotiable

Monitor and self-correct in the moment

Analyze a problem qualitatively

Able to detect and recognize structure and patterns in the context

Bring structured inquiry to problem solving

Organize information for fluid retrieval

Growth focus and mindfulness framework

The *Expert* Novice

Not merely the passage of time or longevity
Understanding and monitoring self
Appreciation for the narrative and attend to the qualitative
Structured inquiry (guided by theory)
Effective resourcefulness

Theories of Change

We need to understand:

- Ourselves (skills and weaknesses) and our readiness for change
- Our organization and its readiness for change
- Previous experiences of change
- What the desired change looks like
- Barriers & supports to making and sustaining the change
Theories of Change

There are at least 82 theories of behavior & behavior change!

Of these, 4 are most commonly cited:
  Transtheoretical Model of Change
  Theory of Planned Behavior
  Social Cognitive Theory
  Information-Motivation-Behavioral-Skills Model

(Davis, Campbell, Hildon, Hobbs, & Michie, 2015)
Transtheoretical Model of Change

Knowl as Cycle of Change

Developed for addiction and has since expanded to many areas of health care and organizations

Nonlinear model that identifies readiness for change

Describes 5 or 6 stages that individuals move through when they are making changes

Helps us understand how change occurs and how best to facilitate it

Helps us to match our interventions to where client is in the cycle

(Prochaska & DiClemente, 1982)
The Cycle of Change
Prochaska & DiClemente

- Pre-contemplation: A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists.
- Contemplation: The person becomes aware that there is a problem, but has made no commitment to change.
- Preparation: The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e., the client is convinced that the change is good) and increased self-efficacy (i.e., the client believes she can make change).
- Action: The person is in active modification of behavior.
- Maintenance: Sustained change occurs and new behavior replaces old ones. (Per this model, this stage is also transitional.)
- Relapse: The person falls back into old patterns of behavior.
- Upward Spiral: Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.

Pre-contemplation:
No intention on changing behavior.

Contemplation:
Aware problem exists but with no commitment to action.

Preparation:
Intent on taking action to address the problem.

Action:
Active modification of behavior.

Maintenance:
Sustained change. New behavior replaces old.

Relapse:
Fall back to old patterns of behavior.

Where are you in the Cycle of Change?
Social Cognitive Theory

We learn by observing others (role models) within social contexts & experiences.

We remember what we see and use this to inform our future actions.

We replicate what we have observed in others the

Think about how we use modeling in PK!

As change agents, we can be role models for others.
For whom are you a role model?
Locus of Control

Health behavior theory can also inform our thinking
Our perceptions about whether the outcomes and rewards are within or outside our control Impacts the actions we take
*Internal* locus of control – our personal actions make a difference
*External* locus of control – events outside our control make a difference

Where is your locus of control?

(Davis & Musolino, 2016)
Self-Efficacy

Our personal sense of what we believe we can achieve

Influenced by past experiences, observations of others, support

Environment and typical daily routines may play a role

What do you believe you can do?
Theories of Change

Regardless of the theory, a **change agent** (or champion) and a **plan** is needed!

Lewin’s Model

1. **Unfreeze**
2. **Move**
3. **Refreeze**

Roger’s Model

1. **Raise Awareness**
2. **Generate Interest**
3. **Evaluate Options**
4. **Trial**
5. **Adoption**

(Adapted from Mitchell, 2013)
Change

Why is it hard to make changes in ourselves & others?

What is your experience of making change?

How ready are you to be a change agent?
Why is it hard to make changes?

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<tr>
<th>EXTERNAL BARRIERS</th>
<th>INTERNAL BARRIERS</th>
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<tbody>
<tr>
<td>Other people’s views &amp; practices</td>
<td>Current practice is comfortable</td>
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<tr>
<td>Organizational restrictions</td>
<td>Fear</td>
</tr>
<tr>
<td>Lack of resources</td>
<td>Don’t know where to start</td>
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<tr>
<td>No support</td>
<td>Feel overwhelmed</td>
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Motivational Interviewing

EBP, used across healthcare settings

Draws out client’s motivation for making changes

“When a person seems unmotivated to change, or to take the sound advice of practitioners, it is often assumed that there is something the matter with the patient and that there is not much one can do about it. These assumptions are usually false. *No person is completely unmotivated.*”

“The way in which you talk with your patients about their health can substantially influence their personal motivation for behavior change.”

*(Rollnick et al, 2008, p.5 and 6)*
Motivational Interviewing

Collaborative (versus confrontative)
Partnership between client and therapist
Evokes client’s own motivation & resources, goals & dreams
Client-centered
Works to build intrinsic motivation to change
Honors client autonomy
Motivational Interviewing: 4 Key Principles

Express Empathy

Develop Discrepancy
  Highlight gap between where person is and where they want to be

Roll with Resistance
  No confrontation when resistance occurs
  “Avoid the struggle!” - Dance rather than wrestle

Support Self-efficacy
  Focus on previous success; highlight client’s strengths

Motivational Interviewing: Guiding Principles

R: Resist the righting reflex
  Don’t point out or immediately fix the problems!

U: Understand client’s motivations
  Be interested in client’s values, concerns, motivations

L: Listen to the client
  Empathy, active listening

E: Empower the client
  Help client explore how to make a difference

(Adapted from Rollnick et al. 2008)
Listen for 6 Kinds of Change Talk

**Desire**
Preference for change “I want to..., I wish...”

**Ability**
Capability for change “I could..., I might be able to..”

**Reasons**
Specific arguments for change “I would probably feel better if I..., I need to have more energy to...”

**Need**
Feeling obliged to change “I ought to...I have to...”

**Commitment**
Likelihood of change “I am going to...I will...”

**Taking steps**
Action taken “I started...I went out to..”

(Adapted from Rollnick et al. 2008, p.37)
Hmmm...

So how can we apply these principles to school-based practice to facilitate change?

- Reframe the situation & our role
- Identify the change we want to see
- Identify opportunities for small changes
- Combine reflective practice and evidence-based practice (Bannigan & Moores, 2009)
Becoming a Change Agent

What are my strengths and weaknesses?
How much of an authentic reflective practitioner am I?
How much do I really want to change myself?
Community of Practice

A collaborative and social learning process formed by groups of people who share a common passion.

Build, expand, and produce collective knowledge and resources to develop members’ skills and advance practice.

How can a Community of Practice help you and the profession?

Do you want to be part of one?

(Snyder, Wenger, & de Sousa Briggs, 2004; Wenger, 2000)
References

http://dx.doi.org/10.5014/ajot.2015.014597
References


Web Resources:

http://www.motivationalinterviewing.org/