

Using Motivational Interviewing Within School Consultations

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Abstract

Literature suggests motivational interviewing (MI) could be integrated into school consultative practice, although this has yet to be empirically investigated. MI helps promote consultee autonomy and self-efficacy, recognises practitioner experience, and could be a useful approach for supporting teachers and school-based practitioners. The current research is an empirical investigation into the integration of MI into educational psychology (EP) consultative practice. Three qualified UK-based EPs took part in semi-structured interviews after applying MI within their consultative practice over a seven-month period. Results indicated that all three participants perceived benefits and felt that the application of MI was consistent with their practice philosophy. However, all acknowledged that integrating it into consultative practice was more difficult than anticipated. Implications would include additional opportunities for EP training and reflection, and further research would be required to ascertain the usefulness of MI-based consultation for school-based practitioners.

Keywords: consultation; educational psychologist; motivational interviewing; practice; training

Introduction

Background

Motivational interviewing (MI) was initially presented as a technique for eliciting change with individuals under clinical care for issues arising from substance misuse and is defined as “a person-centred counselling style for addressing the common problem of ambivalence about change” [1,2]. MI purports that change is most likely to occur, and remain most effective, when the practitioner acknowledges and appreciates the client as an expert in their own ability to make changes [3].

MI comprises of three main aspects: the spirit, the skills and the processes. The MI spirit is considered as a way of being and interacting with clients [2,3]. It comprises of four key components of acceptance, compassion, evocation and partnership and a strong respect for a practitioner’s autonomy [2,4]. By embodying the MI spirit, the practitioner can use MI skills of open-ended questions, affirmations, reflections and summaries (OARS), to begin to elicit change talk, thus allowing a client to move towards actualising change. Four hierarchical processes should also be used which are: engaging, focussing, evoking and planning [2].

Blom-Hoffman and Rose described how MI might be used successfully within school-based consultation [5]. They offered seven key principles for working with consultees, including suggesting that consultants should recognise that their interviewing style might impact their relationships with practitioners. Teachers and other school staff might be naturally ambivalent about changing their practice to accommodate children and young people with additional and different needs, and this is normal and expected. Defending one’s current situation is a natural response and consultants should recognise that practices such as direct persuasion or arguing are unlikely to be conducive to change [2]. Blom-Hoffman and Rose also noted that consultants should acknowledge, understand and authenticate the arguments put forward by practitioners for not changing [5]. Finally, Blom-Hoffman and Rose suggested that the consultant’s role was not to tell, but to guide towards practitioner goals. In this sense, MI is like any other client-centred approach, and like school-based consultation, is positioned in opposition to the expert model of practice [6]. MI considers that success is more achievable when the consultant abandons their role as expert and recognises that the only true expert in the process is the practitioner [7].

Motivational Interviewing in Schools

Within the field of education, MI has been identified as an effective therapeutic approach with individual children and young people in school settings [8]. Strait et al. defined student-focussed school-based MI as being used directly with pupils to improve both academic and mental health outcomes [9]. By contrast, school-based consultative MI was defined as being used with teachers or parents to improve their interactions with children and young people, thus directly improving student outcomes.

Frey et al. proposed that using brief MI with adults could be an effective way of improving the chances that the proposed intervention for the child or young person will be implemented [11]. This has significant possibilities in improving outcomes for children with special educational needs as increased motivation in the adults around a child or young person has been found to reduce barriers to successful intervention for that child or young person [10,11]. Finally, the use of MI within consultation could be considered one effective way of reducing the gap between theory and practice, by improving the motivation of adults around children and young people to consider implementation fidelity when working with them, thus improving effectiveness of interventions [12,13].

A recent paper by Hebard and Watson illustrated the suitability of MI as a framework for counsellors to use in school-based consultations [14]. Although comprehensive in its consideration of the approach, the paper lacked evidence grounded in empirical data. Hebard and Watson outlined a number of hypothetical situations in which the use of the OARS skills and the four processes of MI were utilised and discussed in detail. They also provided a number of suggestions and strategies for overcoming what they considered to be potential barriers to consultative MI, although these were highlighted by the schools rather than by the practitioners. Examples of these barriers included: how counsellors would overcome and negotiate schools and systems that are closed (for example, extremely hierarchal management systems that resist change); how to address the potential argument that MI is too long for consultative practice; and dealing with concerns regarding the perceived complexity of MI.

Snape and Atkinson concluded in their literature review of MI in school settings, that MI in consultation is a promising area that has yet to be empirically researched [8]. As such, there was a clear empirical research gap within the area using MI within school-based consultation. This study therefore aimed to explore the using of MI within school-based consultation, by exploring the experience of EPs using the approach. In doing so, it aimed to answer the following questions.

RQ1: To what extent are EPs able to integrate MI within school-based consultations?

RQ2: What are the perceived benefits and limitations of using MI within school-based consultations?

Methodology

Sampling and Participants

Participants were qualified EPs working within a council setting, in the UK, and all participants self-reported that they were trained in MI. As MI is still an emerging skill within EP practice, it was considered that the recruitment of participants using strict exclusionary measures, based on MI training level, would eliminate a large number of practitioners and produce a barrier to overall recruitment. For this reason, MI training and confidence was not determined using a pre-existing measure, such as the Motivational Interviewing Treatment Integrity (MITI) scales and relied on practitioner self-report. Additionally, all participants were required to complete a free 'top up' online training module in MI [15,16].

During the research, MI protocols were used. These were designed to support integrity of school-based MI practice in relation to the spirit, processes and skills, by allowing practitioners to plan, develop and reflect on their school-based MI practice [7]. The protocols were adapted to allow for monitoring their application of MI into school-based consultation, and contained core elements of MI practice (e.g. OARS skills). Researcher notes were kept in order to aid in the analysis of the data.

Four participants were recruited, in pairs, from two council settings, two from Service A in the North East of England and two from Service B in the South Midlands, UK. One participant left the study due to workload restrictions, leaving three participants from whom data were collected. These three participants are pseudonymised below:

Participant vignette 1 (Service A)

Sarah completed her EP doctoral training over two years ago and had worked with Service A since qualification. Service A is based on a consultation model of service delivery. Sarah explained that ideally, direct casework is derived following an initial consultation, although there is some flexibility with this.

Sarah received training in MI as part of her doctoral training, where she applied her knowledge when conducting a therapeutic intervention with a young person. Additionally, Sarah had used aspects of MI to train support staff in schools. She reported her use of MI within practice was limited and she rated herself as a 1 or 2 on a scale of 1 to 10 (10 being the most confident) for using MI within consultative practice; but as a 6 or 7 when using MI with children or young people. Before beginning the research, Sarah reported that she had not previously applied MI into her consultative practice

Participant vignette 2 (Service A)

Ruby worked within the same service as Sarah and also received training in MI as part of her doctoral training. Ruby had supported assistant EPs to use MI in their practice with children and young people at risk of exclusion. She had recently attended a free full-day MI training event and had put a training package together for

colleagues in her service. In the scaling exercise Ruby felt she was as low as a 2 for using MI within consultative practice and a 4 or 5 when using MI with children or young people. Before beginning the research, Ruby reported that she had not applied MI within school-based consultation.

Participant vignette 3 (Service B)

Callum had been qualified for around 1.5 years at the start of the research and had worked for Service B for 10 months. At the time of the research, the service was a fully traded service, meaning that schools buy in EP time. Callum explained that consultation often, but not exclusively, preceded direct work with children and young people.

Callum had received minimal formal training in MI and was largely “self-taught”. He completed his doctoral thesis on MI in schools and had previously provided an MI programme within schools as well as providing brief training with the SP service. Callum felt that MI was embedded into his daily practice with children and young people, often in cases where there was an issue around managing behavioural expectations. Callum scaled himself as a 6 for using MI within consultation, although he was unable to describe a specific time where he had used it.

Study Design

The current study was qualitative, using semi-structured interviews in order to explore the experiences of participants. The study followed a three-stage design that spanned seven months, as follows:

Phase 1: Participants took part in an initial meeting, where they gave some background information about their work context and experience of using MI. They completed ‘top up’ training in MI and were provided with the MI protocols [16,17].

Phase 2: Participants completed school-based consultations using MI. These were individual consultations between an EP and a member of school staff about children with additional or different needs. Two participants obtained two full consultations whilst the other completed one full consultation. The EPs gained written, informed consent from the school practitioners, and asked to audio-record consultations and complete each of the three MI protocols [17]. During this period, the participants completed three individual supervision sessions with the first author, via telephone.

Phase 3: On completion of the consultations, each of the three participants completed a semi-structured interview, which was audio-recorded and transcribed, before data analysis. The interviews followed a pre-prescribed schedule and lasted around an hour each.

Data Analysis

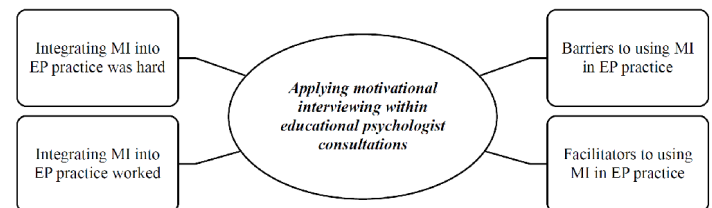
The semi-structured interviews were analysed via thematic analysis as prescribed by Braun and Clarke [18]. Researcher notes were used to complement the analysis.

Results

Data analysis resulted in four main themes, which were:

- Integrating MI into consultations worked.
- Integrating MI into consultations was hard.
- Facilitators to using MI in consultations.
- Barriers to using MI in consultations.

Although the data span two locations within the UK, it should be noted that they include the views of only three EPs working within local contexts. For ethical reasons, exemplar quotes will not be linked directly to Callum, Ruby and Sarah, but the spread of quotes will be indicated by using the randomly allocated participant notations P1, P2 and P3.



Integrating MI into consultation worked

All participants felt that *MI and consultation makes sense*. For example, P1 said, “Why wouldn’t it fit in consultations? It’s the perfect tool.” Positively, all participants stated that they would continue to use *MI within their consultative practice and that it would form a valuable aspect of their ‘toolkit’*. Within the sub-theme *MI is complementary with other approaches*, P1 said, “I’m definitely going to give it another go. 100 per cent”, whilst P2 was more reserved and noted, “I’ll use some of the key skills a lot more than I used to in all consultations.” One beneficial aspect of MI in consultation appeared to be its potential use alongside other approaches, such as solution-focussed consultation. All participants felt that MI would fit well within this approach, “solution-focussed approaches which have similarities” (P2) and “we had to adapt it...I was using it in a solution focussed model” (P3).

In terms of *positive impacts*, all the participants noted at least one. For example, P3 noted that staff members expressed explicitly feeling more listened to, “for them it was actually really positive because they felt listened to”; while P2 linked the feeling of being listened to with school staff being more open: “they must feel more listened to because they’ve opened up a lot more because of it. So that’s been lovely.” P2 also observed “small little changes in the language you use and the power of that.” Finally, P1 felt that the use of MI within the consultation enabled further involvement that produced a tangible outcome for both child and school and “led to further training.” Despite this, P2 noted an explicit example where they felt a practitioner’s difficulty with an aspect of the approach had affected the relationship: “I really didn’t think it was positive-ly received.” (P2).

All participants felt that the MI spirit was readily applied. For ex-

ample, “when you look at the spirit of MI... those bits are natural. They’re part and parcel of the EP role” (P1). Within the sub-theme *the spirit was easy and the skills were OK*, all the participants felt that they had mastered the MI OARS skills to a reasonable level: “Open-ended questions, yes. Affirmations, yes.” (P3) and “I feel that the skills fit in early easily with part of the EP role.” (P1). However, difficulties arose with the use of reflections and summaries, “I think sometimes I was over-summarising and it felt a bit in-genuine.” (P2) and, perhaps indicating a training need, “I can’t even remember what reflections really are.” (P3).

Integrating MI into consultations was hard

All three participants felt that, in relation to the application of MI that into their consultative practice *it was harder than anticipated*. For example, P1 noted, “I was surprised at how hard I found it”; whilst P3 said, “I didn’t find it easy.” Within the sub-theme *I am not skilled enough in MI*, all participants commented on feeling that they did not have a sufficiently strong grasp of MI and that in attempting to apply it to consultation, this was brought into focus. Additionally, P1 noted that the research had also made them aware that they lacked skills within consultation itself and that without the foundation of good consultation skills it was difficult to apply MI. The theme *I am not good at consultation* is exemplified by quotes such as: “I’m not sure if that was a reflection of my consultation skills.” (P1).

Within the sub-theme *the processes were hard*, apart from engaging, all participants stated that the MI processes (engaging, focussing, evoking and planning) were difficult to apply. Participants felt that MI did not allow for advice-giving, for example: “strategy giving... I was kind of wary of doing that because I wasn’t sure actually how does this fit with MI” (P1) and “schools... want someone to take charge and want some more specific expert advice or guidance” (P2). Additionally, the participants felt that focussing and evoking were particularly difficult, although all three stated that engaging was straightforward.

Finally, all participants discussed how *communicating MI to schools was hard* in terms of describing the approach to schools. P2 and P3 chose to explicitly state they were using MI, whilst P1 opted to note that they would be trying a new approach. Regardless of their level of transparency regarding the use of MI in their consultations, all participants noted that this communication was difficult.

Facilitators to using MI in Consultations

Despite finding the integration of MI into consultation difficult, participants were able to identify practical facilitators. This included the sense that *EPs already have many of the skills needed to apply MI into consultative practice*: “it [MI] is part and parcel... of normal consultation practice” (P1). Additionally, “So thinking about the spirit, which possibly I found easiest to apply, just because I think we adopt a lot of those... approaches in our role anyway” (P2); and “I’ve definitely got the spirit” (P3). Participants

noted that the use of the MI protocols helped them in structuring their consultations but felt *having a structure* would be useful in applying MI into consultation. One participant was not sure they had used the protocol to its best advantage, suggesting it may have been more beneficial to work through it with a practitioner, “if it was a shared document, if we sat there and we went through it” (P1). Two participants felt the need for a structure, particularly in focussing and closing the conversation within consultation: “I felt that I was losing my way” (P1) and “I wanted structure towards the end where it almost felt, how do we round this up?” (P2).

All participants felt that the process had forced them to reflect on both their consultative and MI abilities, alongside other aspects of their practice, such as their empathy skills. P3 spoke at length about the need to be reflective following a MI consultation, in order to be able to identify areas for development, and for them the research highlighted a number of areas of personal development that they wanted to focus further on. This linked to the most cited facilitator: *training: role-play, supervision and opportunities to practise* with participants feeling that they required all three. P1 stated that, “I think supervision is a great way of developing practices, developing competence” and suggested the development of specific video-examples of EPs using MI within consultation. Additionally, “I think you need to feel confidence in practising and trialling it [MI] out... so training” (P2). When asked what was key to enabling other practitioners to be able to apply MI into consultation, P2 responded, “I’d say experiences like this [the research]. Having someone observe me while I’m being recorded... discussion afterwards.”

Finally, the participants all felt that to apply MI into their current consultative practice, there would need to be a change in the *systems that support its use*. Notably the current traded model of service delivery within Service A was felt to limit the chance for return visits, where MI might be particularly beneficial. Additionally, statutory work, where the focus tended to be on assessment and writing advice also limited opportunities for consultation and therefore MI.

Barriers to using MI in Consultation

When asked about the barriers to using MI in consultative practice, all participants talked about *workload and time pressures*. P3 noted that their time was pressured due large workloads, “the amount of schools that we’ve got, the amount of individual work we have...”, whilst P2 stated that “I think it’s about workload, so if there’s less workload.” More generally, time was an issue: “time would potentially be a barrier” (P2); while when asked if integrating MI into their consultative practice made it more time-consuming P1 said, “I think it’s a big thing, definitely”. Whilst the participants all felt that MI added time to their consultation, it was noted that they struggled to know when to close the consultation, and sometimes felt that they were being repetitive, for example: “well it’s supposed to be an hour but, oh, it feels like we’ve reached our saturation point” (P2). Additionally, participants felt that a range

of *systemic barriers* negatively affected their ability to integrate MI into consultative practice. One of these was paperwork: “I’m doing a lot of writing when I’m talking to them because it’s going into a record of involvement” (P1). Whilst all participants noted that use of MI might have been hindered by service practice of one-off involvements, “I feel that it would fit better in those subsequent discussions rather than the initial discussion” (P1).

Under the subtheme *it’s not the right case* participants perceived that MI was most useful for cases that they considered ‘stuck’: “[the case] might not have been the most appropriate” (P1); and “I learnt that, that people need to feel stuck” (P2). Within the subtheme *school reluctance*, participants often noted that schools had limited capacity for change. This was associated by P2 with the time pressures that schools were feeling and additionally, by the desire by schools to gain direct advice.

Finally, a barrier noted on a number of occasions was *practitioner competence*. All participants noted on more than one occasion that they would have liked to feel more skilled in MI to successfully integrate it into school consultations. For example, ‘I’d lost my way...I think it’s just maybe my competence in using it’ (P1) and “The barrier for me personally is knowledge” (P3).

Discussion

The present study aimed to consider ‘to what extent are EPs able to integrate MI within school consultations?’ alongside, ‘what are the perceived benefits and limitations of using MI within school consultations?’ via the use of semi-structured interviews. The results will be discussed before limitations and future directions for research are considered, along with the wider implications for practice.

RQ1: To what extent are EPs able to integrate MI within their consultative practice?

All participants felt that they needed to develop their MI skills further to be successful in applying MI to school-based consultation. Miller and Rollnick admitted that “MI is not easy” (p.135) and suggested that training alone is not enough to reach mastery; rather that practitioners should partake in on-going practice, with both feedback and coaching. Thomas et al. reported that although 79% of respondents to their survey, regarding MI use in UK EP practice, stated that they were familiar with MI theory, techniques and approaches, it was EPs who had been qualified more than six years that reported the highest confidence and competence [19,20]. The participants within the present study had all qualified within the last three years, which were the group reporting lowest MI competence within Thomas et al.’s study [20]. Despite this, participants did show learning and development indicators, and established a more conscious understanding of development priorities following the study. Thomas et al. found that EPs who reported lower proficiency in MI, had fewer opportunities to use MI within practice. The findings of the present study, in line with the findings

of Thomas et al., support Miller and Rollnick’s assertion that development of MI proficiency requires practice experience.

Another main area of interest concerned the need for a structure when using MI within consultative practice. Participants reported feeling unsure if they were completing the consultation right, or where to go next. There were also reported difficulties in using the skills, processes, knowing when to close the consultative session and frequently, which cases were appropriate for consultative MI. Rollnick, Heather and Bell [21] identified the need for practitioners to be given greater structure within brief consultations and offered a ‘menu of strategies’ as one such way of providing structure of a MI consultation. A need for structure was also recognised by Atkinson and Woods [17] who noted that due to reported difficulties with training and assessment within MI, there is some doubt to whether the process of ensuring MI integrity and thus delivery is sufficiently grounded in practice-based evidence [21].

The participants felt that the MI protocols, which were designed to enable practice adherence and review, were helpful. They acknowledged the potential benefits of a more tailored approach to using MI within school-based consultation, as well as opportunities to reflect on when it might be most useful. The need for wider systems to support the use of MI within consultative practice was also raised. This included the perception that EPs did not have enough time to be able to adequately apply MI into consultation – perhaps linked to the time for training, supervision and practice reflections. Time limitations were linked to the way that systems and structures were set up, both locally and nationally and are also recognised as a barrier within the theoretical literature [12]. Additionally, Thomas et al. found some evidence that the impact of austerity within UK EP services has added to the difficulty of using MI within practice, particularly due resulting time limitations owing to pressures from traded models and within the statutory system.

RQ2: What are the perceived benefits and limitations of using MI within school-based consultations?

Participants identified a number of pragmatic benefits and limitations to using MI within school consultation. Perceived benefits included the concept that the spirit of MI fitting within the current EP role and ethos, alongside this, participants felt that MI enabled greater practitioner reflection, particularly when using the MI protocols as a basis. Indeed, the spirit of MI was noted as enabling ethical practice to ensure that the goal of consultation remains centred on benefitting the child or young person [20].

Limitations included a perceived lack of time, concerns regarding training and whether the model of service delivery was compatible. Two participants considered that workload demands placed undue time pressures upon them and this limited their ability to apply MI within consultative practice, echoing the findings of Thomas et al. [20]. Additionally, a lack of training was considered as a significant barrier to MI application. Thomas et al. reported that

EPs' training in MI was often presented as a stand-alone option, with little opportunity for access to on-going practice, reflection and supervision. It is, therefore, important that EP services find time and opportunity to enable practitioners to practise their MI skills, with the aim of improving proficiency, consultative practice and ultimately outcomes for children and young people.

Limitations

There are number of limitations to the study. Firstly, it was small in scale and offered the select opinions and experiences of three UK EPs. Participants within the current study were not rated for MI proficiency, for example, with a tool such as the MITI [15]. Although participants reported receiving MI training, it was not known whether they would achieve MI competency or proficiency on a robust measure such as the MITI. Finally, the participants within this study were under significant workload pressures and although there was reasonable adherence to the use of the MI protocols, fidelity was not consistently demonstrated throughout the study and across participants [17].

Future Directions

Suggested areas for further development include the creation of a defined structure, specifically designed for applying MI into consultation. This resonates with ideas presented by Atkinson and Woods, who noted the difficulty in MI use and integration due to a lack of theoretical stability and called for greater research into use of structured MI frameworks for practitioners [17]. Participants within the current study raised the need for further training, access to specialist supervision, role-play and resources designed specifically for applying MI within school consultations.

Future research should aim to develop an understanding of how MI could be integrated within consultative practice. This could involve a larger sample and a wider demographic of practitioners from a differing backgrounds and settings. On the basis of this study, competency screening would probably need to be a feature, to ensure consultants are sufficiently skilled in MI. Further empirical research should focus on building on the foundation of MI use within school consultations, including the impact of training and continuing professional development.

Implications for practice

The present study highlighted a number of pertinent implications for practice. These included the need for higher overall levels of MI proficiency; the need for wider systems to support the use of MI within consultative practice (e.g. via on-going training, opportunities to practice and reflection, alongside appropriate supervision); and the consideration that there may also be a training and development needs. The study outlined clearly that although MI has been successfully integrated into much practice within schools, particularly within direct work with children and young people and that there are multiple perceived benefits to using MI within

consultation; at present further development might be necessarily to ensure the approach is useful for school practitioners [22-30].

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