

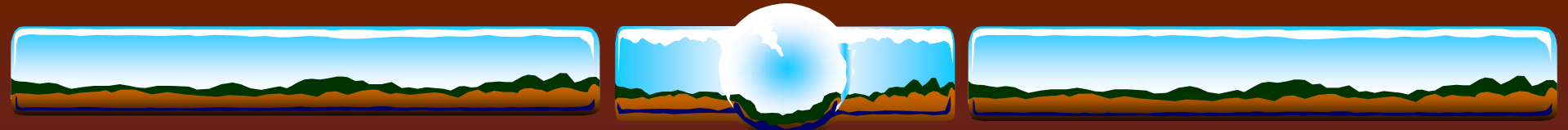
# Using Motivational Interviewing to Facilitate Adolescent Health Behavior Change

Melanie A. Gold, DO, FACOP, FAAP  
Clinical Associate Professor of Pediatrics  
University of Pittsburgh School of Medicine



# Presentation Objectives

- ❖ Describe 4 principles of Motivational Interviewing (MI) and 3 components of the spirit of MI
- ❖ Identify how to effectively convey information and advice in the adolescent health setting using MI
- ❖ Describe 4 strategies for motivating behavior change in the adolescent health care setting

A decorative header at the top of the slide features a central white globe with blue and green continents, set against a blue sky and brown ground. This globe is flanked by two identical rectangular panels, each containing a stylized landscape with green hills and a blue sky.

What kinds of  
behaviors do you want  
to help adolescent  
patients change?



# Health Behaviors?

- ❖ Eat a healthier diet
- ❖ Increase physical activity
- ❖ Take medications for chronic illnesses
- ❖ Increase self-monitoring (BP, sugar)
- ❖ Stop smoking
- ❖ Decrease or stop drug and alcohol use
- ❖ Take prenatal vitamins if pregnant



# Reproductive Health Behaviors?

- ❖ Delay sexual activity - Abstinence
- ❖ Initiate & maintain consistent condom use
- ❖ Initiate & maintain contraception use
- ❖ Get HPV vaccine
- ❖ Get tested for STDs
- ❖ Get tested for cervical and breast cancer
- ❖ Stop vaginal douching



# What should you do to help?

- ❖ Explain to teen what he/she can do differently in the interest of his/her health?
- ❖ Advise and persuade him/her to change his/her behaviors?
- ❖ Warn him/her what will happen if he/she doesn't not change?
- ❖ Take time to counsel *how* to change?
- ❖ Refer him/her to a specialist?



# Three Communication Styles

- ❖ Directing - You take charge! Implies uneven relationship in knowledge, expertise, authority or power
- ❖ Following - Seeing and understanding the world through the other's eyes
- ❖ Guiding - Helps teen find his/her way, communicates "I can help you to solve this for yourself." (Motivational Interviewing)

All 3 styles are needed - skillful practitioners shift flexibly among these styles as appropriate to the patient and situation



# Three Core Communication Skills

## ❖ Informing

- ❖ Convey knowledge about condition/treatment by providing facts, diagnoses and recommendations

## ❖ Asking

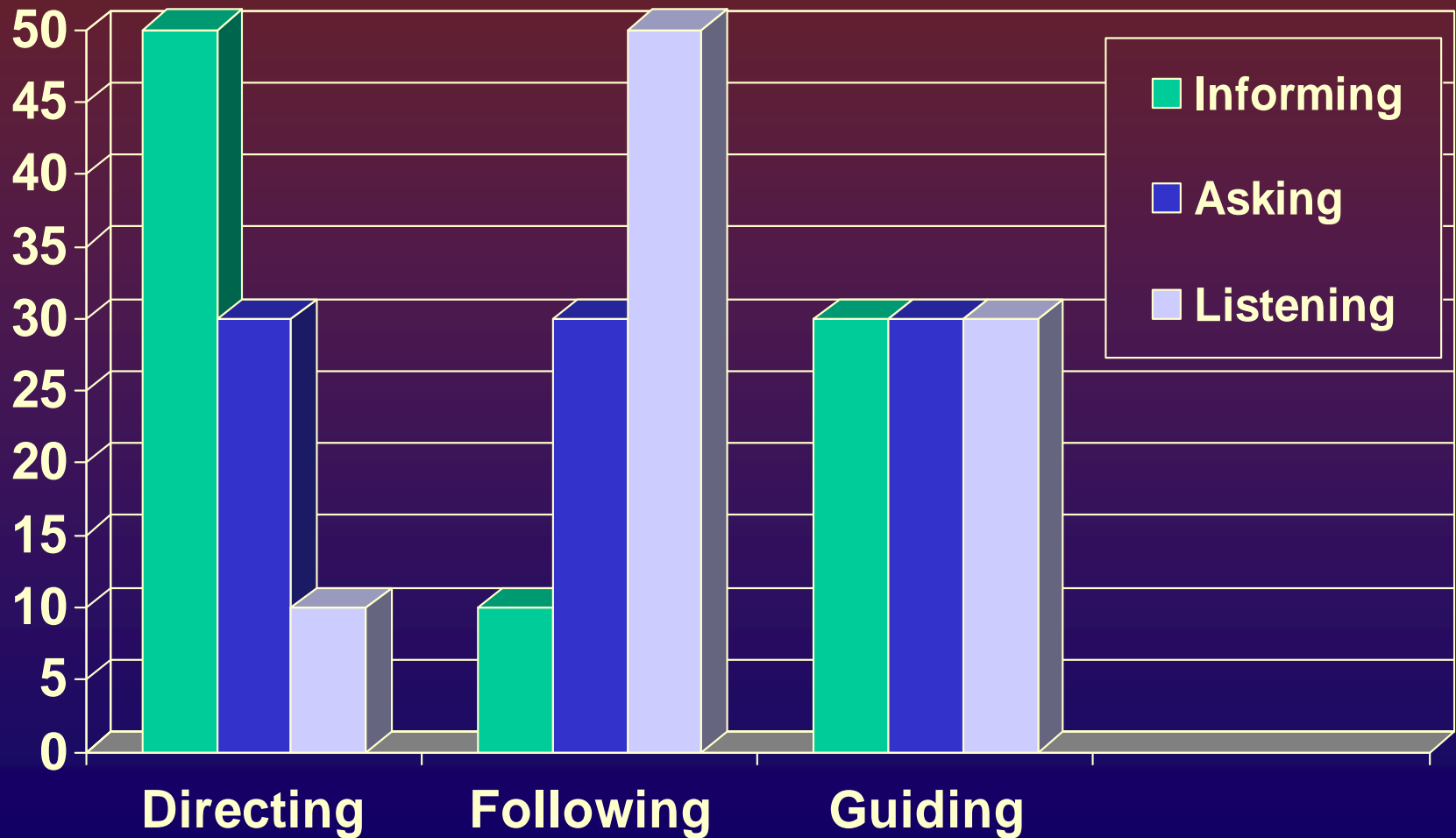
- ❖ Asking questions to develop an understanding of patient's problem and perspective (using open ended questions)

## ❖ Listening

- ❖ Active process demonstrating you understand the patients' meaning correctly (using reflections)



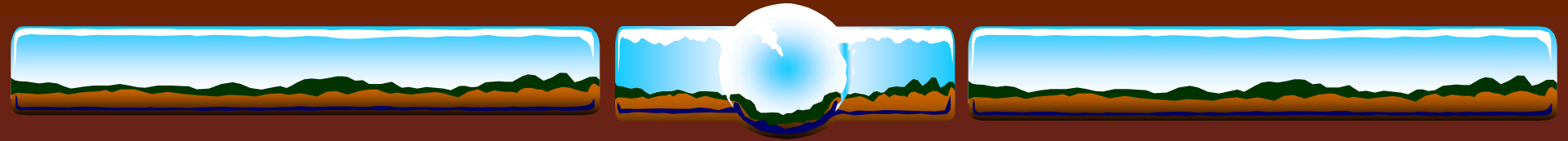
# Styles and Skills





# Motivational Interviewing

- ❖ A guiding, teen-centered counseling style that is:
  - ❖ Goal directive in terms of specific behavior change
  - ❖ Evokes teen's own argument for change
  - ❖ Uses defined set of skills to evoke behavior change
- ❖ Enhances motivation for change by helping teens clarify and resolve ambivalence about change
- ❖ Create and amplify discrepancy between present behavior and future goals, values, and beliefs



MI works by activating  
adolescent's own motivations for  
change and adherence to  
treatment



# Applications of MI

- ❖ Tobacco Cessation
- ❖ Alcohol and Drug Abuse and Dependence
- ❖ Co-Occurring Disorders
- ❖ Eating Disorders
- ❖ Behavioral Medicine
- ❖ Medical Settings (Practice, ER, Hospital)
- ❖ Physical activity and diet
- ❖ Medication Adherence
- ❖ Public Health
- ❖ Sexual Risk Reduction (HIV, STD, Pregnancy)
- ❖ Criminal and Juvenile Justice
- ❖ Psychiatric Disorders (Depression, Psychosis)



# Spirit of MI

## 1. **Collaboration** (vs. Confrontation)

- ❖ Partnership that respects teen's unique perspective

## 2. **Evocation** (vs. Education)

- ❖ Facilitate teen's exploration of reasons for and against change and elicit teen's intrinsic motivation for change

## 3. **Autonomy** (vs. Authority)

- ❖ Responsibility for making change resides with teen who must decide if, when, and how change will occur



# Original Four Principles of MI E.D.R.S.

- ❖ Express Empathy
- ❖ Develop Discrepancy
- ❖ Roll with Resistance
- ❖ Support Self-efficacy



# Express Empathy

- ❖ Accurate understanding of the teen's subjective experience, communicated in a warm, nonjudgmental manner
  - ❖ Ambivalence is normal
  - ❖ Reflective listening is fundamental
  - ❖ Acceptance facilitates change, while pressure to change elicits resistance
  - ❖ An atmosphere of safety promotes self-focus and self-disclosure



# Develop Discrepancy

- ❖ Perceived discrepancy between present behavior and important goals or values
  - ❖ Discrepancy between where I am and where I want to be (goals), or who I am and who I want to be (values), demands to be reduced
  - ❖ Experiencing discrepancy enhances the importance of change
  - ❖ Awareness of consequences is crucial
  - ❖ Objective information is valuable feedback
  - ❖ Teens present own arguments for change



# Roll with Resistance

- ❖ Dissonance in the relationship between counselor and patient
  - ❖ Avoid arguing for change
  - ❖ Defending a position breeds defensiveness
  - ❖ Confronting resistance increases reactance
  - ❖ Resistance is a signal to respond differently
  - ❖ Momentum can be used to good advantage
  - ❖ New perspectives are invited and not imposed



# Support Self-Efficacy (S-E)

- ❖ Belief in ability to succeed
  - ❖ Problem Recognition + Low S-E = Denial/Despair
  - Problem Recognition + High S-E = Change
  - ❖ Hope is found in range of effective alternatives
  - ❖ Practitioner's belief in the teen's ability to change becomes a self-fulfilling prophecy
  - ❖ The teen is responsible for choosing and carrying out change
  - ❖ The teen is primary resource to find solutions



# 4 Principles of MI in Health Setting: R.U.L.E.

- ❖ Resist the Righting Reflex
- ❖ Understand and explore the teen's own motivations
- ❖ Listen with empathy
- ❖ Empower the teen, encourage hope and optimism about ability to change



# Four Methods to Establish Rapport: OARS

1. **Open-ended questions**
2. **Affirmations**
3. **Reflections**
4. **Summaries**



# Open-Ended Questions

- ❖ Encourages teen to do most of the talking
- ❖ May be more challenging with very immature or depressed teens – discuss O-C-O sandwich
- ❖ Ask questions that invite elaboration
- ❖ Avoid questions that can be answered with “yes” or “no” or with 1 or 2 word answers
- ❖ Avoid asking more than 3 questions in a row (use 2 to 3 reflections for every question)



# Affirmations

- ❖ Provide support and enhance rapport
- ❖ Compliments and statements of appreciation and understanding
  - ❖ *“I appreciate how hard it must have been to come in here and talk with me about this. Thank you.”*
  - ❖ *“That’s a good suggestion.”*
  - ❖ *“I really respect you for being so honest with me about your ....(unhealthy behavior).”*



# Reflections: a way to check meaning

- ❖ Form a reasonable guess as to what patient meant and gives voice to that guess in the form of a statement
- ❖ A well formed statement is less likely to feel less like interrogation and evoke resistance
- ❖ Vocal tone should go gently down at the end of a statement (not up like at the end of a question)



# Levels of Reflections

- ❖ Simple Reflections
  - ❖ Simple repetition or substitution of words with the same meaning
- ❖ Complex Reflections
  - ❖ Reflections of Emotion
  - ❖ Reflections of Meaning
  - ❖ Double-Sided Reflections
    - ❖ Reflect both sides of ambivalence, ending with the side that argues for change
  - ❖ Amplified Reflections
    - ❖ Only negative side of ambivalence reflected



# Making Reflective Statements

Adolescent makes a statement



Repeat or rephrase content



**YOU**



**feel**



Guess at underlying feeling



**think**

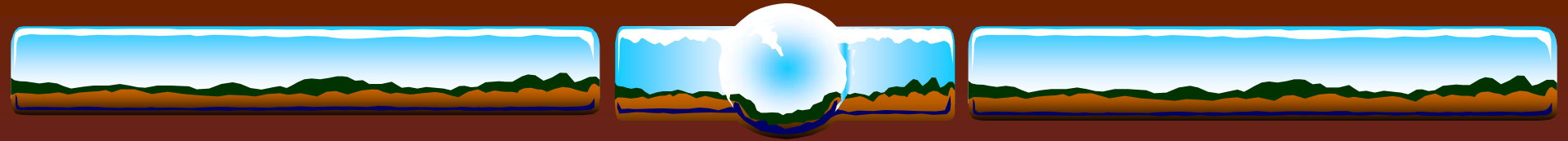


Guess at underlying meaning



# Summaries

- ❖ Pulling together into a paragraph selected statements made by the teen of what s/he meant and feels
- ❖ Bouquet metaphor: Draw together change talk and invite continued talk
- ❖ Marks and announces shift of topic

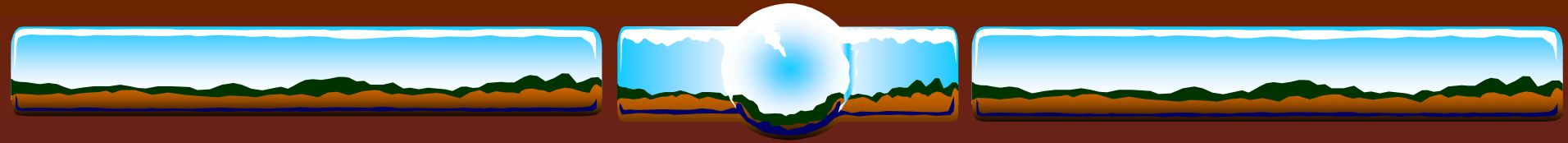
A decorative header at the top of the slide features a central white globe with blue and green details, set against a dark blue background. The globe is flanked by two horizontal rectangular panels. Each panel contains a stylized landscape with a blue sky, green hills, and brown ground. The entire header is framed by a thin white border.

Information is often needed  
but by itself is not enough to  
facilitate behavior change



# Giving Information and Advice

- ❖ Elicit-Provide-Elicit aka Ask-Tell-Ask
- ❖ Ask what adolescent knows about the topic and what options s/he knows of
- ❖ Ask permission to give information or advice that might help
- ❖ With permission, give information or advice
- ❖ Elicit reaction to information or advice
  - ❖ “What do you make of this information / these options? How does this help you or change things?”



# Importance and Confidence Rulers



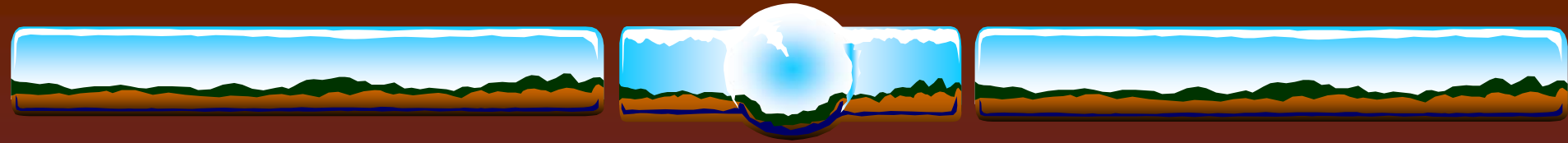
# Two Questions Using Importance and Confidence Rulers

- ❖ Determine what behavior change the teen wants to focus on and be concrete in terms of behavior frequency, duration, intensity, etc.
- ❖ Ask two questions: On a scale from 0 to 10 where 10 is the most and 0 is the least.....
  - ❖ 1) What number would you give for how **important** it is to you to ... (behavior change) right now
  - ❖ 2) What number would you give for how **confident** you are that you could ... (behavior change) right now if it was important to you

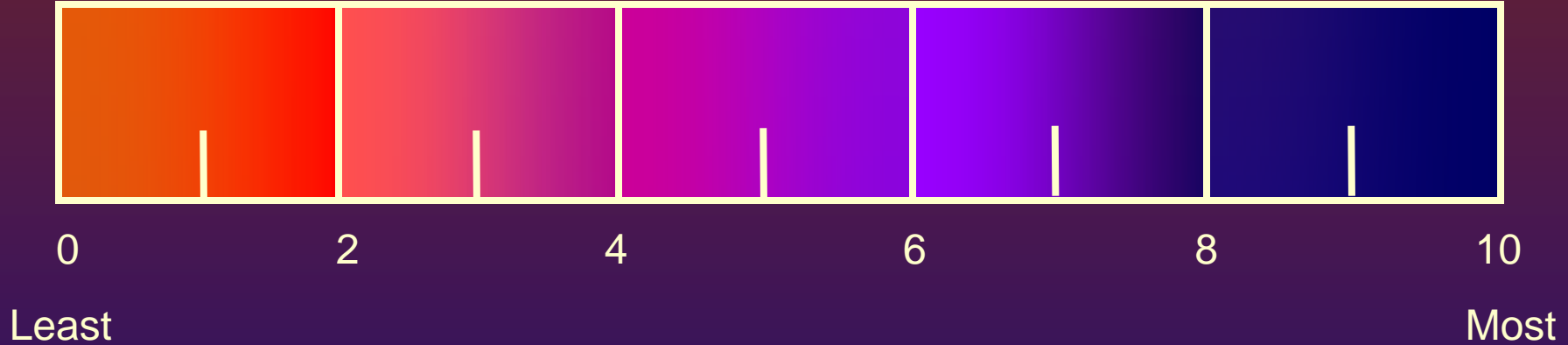


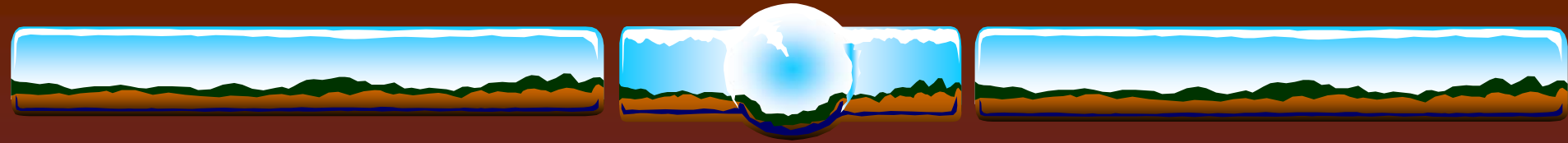
# Determining Focus on Ruler

- ❖ If one number is distinctly lower than the other ( $\leq 5$ ), focus on the *lower* number first
- ❖ If both are the same, focus on *importance* first
- ❖ If both are very low ( $\leq 2$ ), explore feelings about participating in discussion of the issue (*‘all of this’*)
- ❖ If both are high ( $\geq 9$ ), ask “what is holding you back from making this change?”
- ❖ With teens, a visual scale often works better than saying numbers

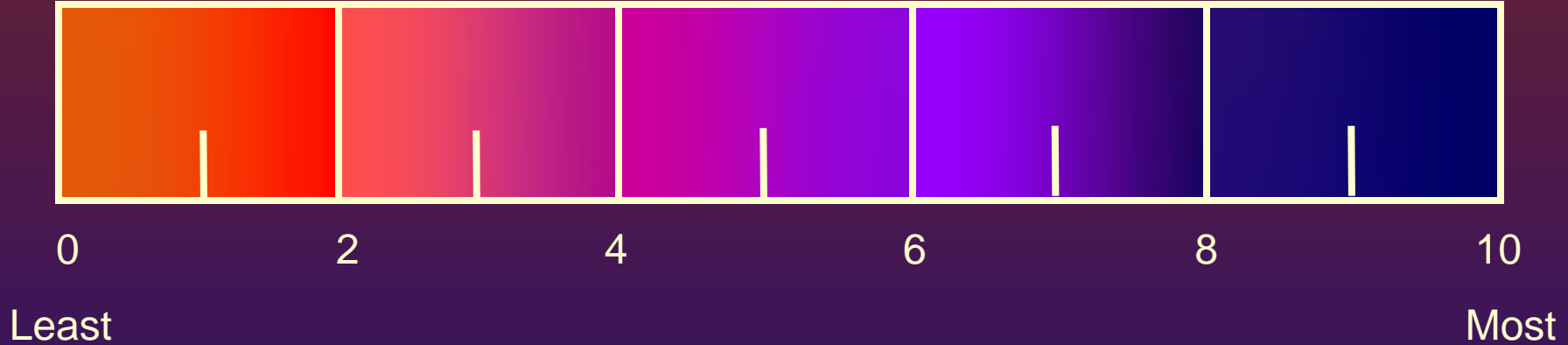


# Importance Ruler





# Confidence Ruler





# Importance Ruler

- ❖ *On a scale from 0 to 10 where 10 is the most important and 0 is the least, what number would you give to how important it is to you to .....*?
- ❖ *Why is it a ... (current number) instead of a ... (1 to 2 points lower)?*
  - ❖ Do not allow to teen to tell you why the number is not higher!
- ❖ *What would need to happen to make it a little bit higher say a ... (1 to 2 points higher)?*



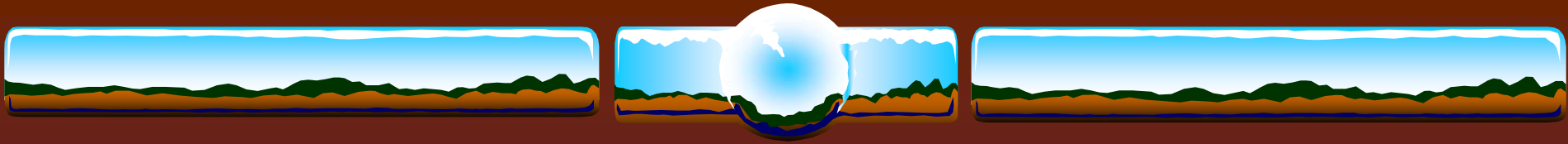
# Confidence Ruler

- ❖ *On a scale from 0 to 10 where 10 is the most confident and 0 is the least, what number would you give for how confident you are that you can .....*?
- ❖ *What makes your confidence level a ... (current number) instead of a ... (1 to 2 points lower)?*
  - ❖ Do not allow to teen to tell you why the number is not higher!
- ❖ *What would you need or what would help you to go up a little on your confidence level from ... (current number) to a ... (1 to 2 points higher)?*



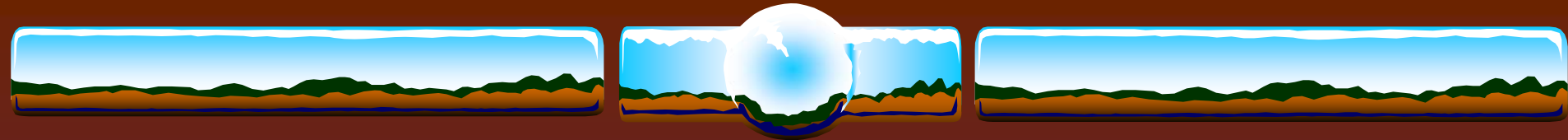
# Resistance

- ❖ What is it?
  - ❖ A sign of ambivalence
  - ❖ A mismatch between health care provider and patient readiness to change (P vs. PC or C stage)
  - ❖ Highly responsive to clinician style which can diffuse or heighten resistance depending how much you support autonomy or push an agenda
  - ❖ Predictive of (non) change



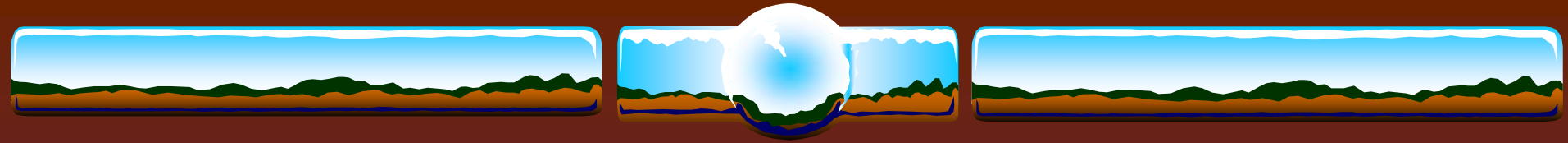
# How To Recognize Resistance

- ❖ Signs of Resistance: It feels yucky!
  - ❖ Arguing
  - ❖ Interrupting
  - ❖ Denying
  - ❖ Ignoring
  - ❖ Task noncompliance or missing or late for appointments
  - ❖ Overt compliance with overt defiance - it is too easy!!! And then nothing changes



# Strategies to Reduce Resistance

- ❖ Emphasizing personal choice and control
- ❖ Agree to disagree
- ❖ Reflections
  - ❖ Simple
  - ❖ Complex
- ❖ Shifting focus (talk about something else)



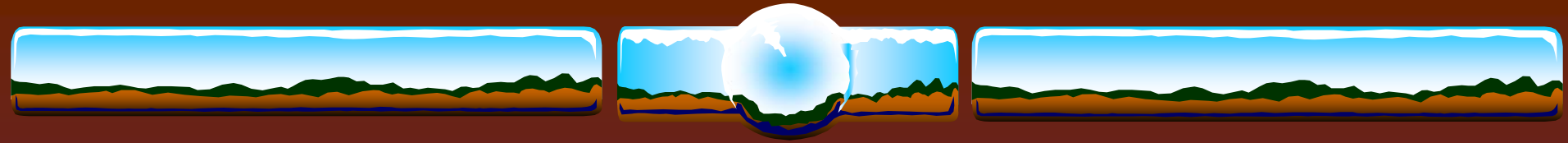
# Decisional Balance



# Precontemplation Stage

## Example: Pros & Cons of Smoking

- ❖ *“What are the ‘good things’ about smoking cigarettes?, What else?, What else?”* (until says “that’s it!”)
  - ❖ Summarize and then ask.....
- ❖ *“What are the ‘not so good things’ about smoking cigarettes?, What else?, What else?”* (until says “that’s it!”)
  - ❖ Summarize and then .....
- ❖ Reflect both sides (ending with not so good things) and ask *“What do you make of this? Where do you want to go from here with your smoking?”*



# Recognizing Readiness



# Recognizing Readiness to Change

- ❖ Decreased resistance
- ❖ Decreased questions about the problem
- ❖ Increased questions about change
- ❖ Envisioning
- ❖ Experimenting
- ❖ Spontaneous change talk
- ❖ **Resolve to change (commitment talk)**



# Key Questions

- ❖ What are your thoughts about this right now?
- ❖ Where do you want to go from here?
- ❖ Where does this leave you now?
- ❖ How does this change things for you?
- ❖ What do you think you might want to change?
- ❖ What options do you see now?
- ❖ What do you think you are going to do?



# Negotiating a Plan

- ❖ Elicit options
- ❖ Provide information and advice with permission, if needed
- ❖ Set specific goals
- ❖ Address obstacles
- ❖ Agree on a plan
- ❖ Elicit commitment to plan and sign



# S.M.A.R.T. Plan

- ❖ Specific – What are the concrete steps to be taken?
- ❖ Measurable – How will you know you have been successful?
- ❖ Achievable – What resources do you have to be successful? How confident are you of success?
- ❖ Realistic – How reasonable and “do-able” are steps in the plan?
- ❖ Time-framed – What is the time frame for each step?

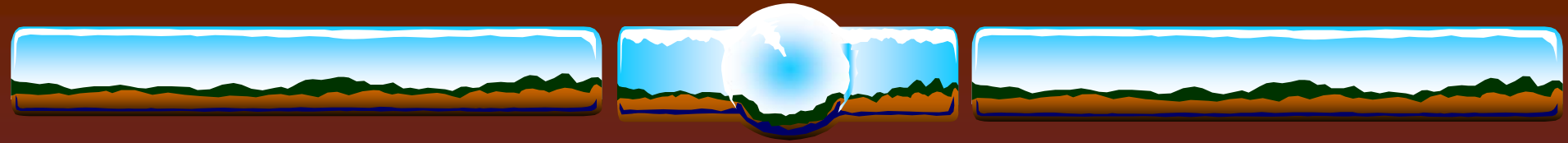




Want more?

To find further training:

[www.motivationalinterview.org](http://www.motivationalinterview.org)



What Questions Do You Have?



# References

- ❖ Miller WR and Rollnick S. *Motivational Interviewing: Preparing People for Change* (2nd edition). New York: Guilford Press, 2002.
- ❖ Rollnick S, Mason P, Butler C. *Health Behavior Change: A Guide for Practitioners*. Churchill Livingstone, 1999.
- ❖ Web site: [www.motivationalinterview.org](http://www.motivationalinterview.org)



# Newest Book References

- ❖ Rollnick S, Miller WR and Butler CC.  
*Motivational Interviewing In Health Care: Helping People Change Behavior.* New York: Guilford Press, 2008
- ❖ Arkowitz H, Westra HA, Miller WR, and Rollnick S. *Motivational Interviewing in the Treatment of Psychological Problems.* New York: Guildford Press, 2008



# Article References

- ❖ Sindelar HA, Abrantes AM, Hart C, Lewander W and Spirito A. Motivational Interviewing in Pediatric Practice. *Current Problems in Pediatric and Adolescent Health Care* 2004;34(9):317-348.
- ❖ Prochaska JO, DiClemente CC, and Norcross JC. In search of how people change. *American Psychologist*, 1992;47:1102-1114.
- ❖ Rollnick S and Miller WR. What is Motivational Interviewing? *Behavioural and Cognitive Psychotherapy*, 1995;23: 325-334.



# Article References

- ❖ Erickson SJ, Gerstle M, Feldstein SW. Brief interventions and motivational interviewing with children, adolescents, and their parents in pediatric health care settings: a review. Arch Pediatr Adolesc Med. 2005;159(12):1173-80.
- ❖ Conard LE and Gold MA. Emergency Contraception Update: Providing Emergency Contraception in the Pediatrician's Office. Contemporary Pediatrics, 2006;23(2):49-70. Illustrates how to use MI when talking with adolescents about emergency contraception.
- ❖ Ott MA, Labbett RL, Gold MA. Counseling Adolescents about Abstinence in the Office Setting. Journal of Pediatric and Adolescent Gynecol, 2007;20(1):39-44. Illustrates how to use MI when talking with adolescents about abstinence.



# Newest Article References

- ❖ Gold MA and Kokotailo PK. Motivational Interviewing. Adolescent Health Update, American Academy of Pediatrics, 2007;20(1):1-10. Illustrates how to use MI when talking with adolescents about health behavior change in the medical setting.
- ❖ Kokotailo PK and Gold MA. Motivational Interviewing with Adolescents. Adolescent Medicine: State of the Art Reviews, 2008;19: 54-68. Overview on using MI with adolescents in the health care setting.
- ❖ Gold MA and Delisi K. Motivational Interviewing and Sexual and Contraceptive Behaviors. Adolescent Medicine: State of the Art Reviews, 2008;19: 69-82. Illustrates how to use MI when talking with adolescents about sexual and contraceptive behaviors.