Using Motivational Interviewing to Elicit Healthy Behavior Changes in your PAG Patients: Partner, Don’t Preach!

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Financial Disclosures

- Dr. Sass and Dr. Woods do not have any relevant financial relationships with any commercial interests to disclose.
Learning Objectives

- Explore the main principles of motivational interviewing and utility in the PAG clinical setting

- Practice applying MI strategies in a variety of real-life PAG clinical scenarios:
  - contraceptive options counseling and choosing LARC
  - disclosing STI diagnoses and need for treatment to partners
  - discussions with teens about sexual health and personal responsibility

What is Motivational Interviewing?

- Developed in 1983 by a clinical psychologist, William Miller, PhD

- Later refined by Miller and Stephen Rollick, PhD for work with alcoholism

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

- MI seeks to increase the perceived importance of making a change and to increase the patient’s belief that change is possible.

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<tr>
<th>Importance</th>
<th>Willing, Unable</th>
<th>Willing, Able</th>
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<tr>
<td>Unwilling, Unable</td>
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Confidence
Ambivalence and Motivation

Ambivalence
- A normal part of the change process
- Wanting something and not wanting it at the same time
- Often there are both reasons to change and reasons not to change

Motivation
- A state of readiness to change
- The probability that a patient will enter into, continue, and adhere to a specific change strategy
- MI seeks to help patients move beyond ambivalence

MI: Stages of Change

- Pre-contemplation
- Contemplation
- Determination/Preparation
- Action
- Maintenance
- Relapse/Recycle

No: Denial
Maybe: Ambivalence
Yes, Let’s Go: Motivated
Doing It: Go
Living It
Start Over: Ugh!!
Factors Associated with Adolescent Mental and Physical Health

Internal Factors
- Acute/Chronic Illness
- Physical Growth Development
tempo
normality
- Cognitive and Emotional Development
tempo
judgment
intelligence
mood fluctuation
- Personality
self-esteem
self-image traits
- Heredity

External Factors
- Family
structure
stability
harmony
support
- Social/Economic
income
S.E. class
race
sex
- Peer and Social Pressure
peer group
friends
- Environmental
stability
school
work
Psychological Development and Reproductive Health

• **Early Adolescence (9-13 years)**
  - Begin pubertal development
  - Increased importance on same-sex peer relationships
  - Concrete thinkers
  - Sexuality
    - Preoccupied with their own bodies
    - Uncertain about their appearance
    - Think about the opposite sex a lot
    - May develop “crushes” on idealized adults
    - Typically not engaged in true romantic relationships

• **Middle Adolescence (14-17 years)**
  - Increased independence and conflict with their parents
  - Peak level of peer conformity
  - Begin to make choices based on abstract values
    - Imagine the consequences of their actions, but still do not fully understand them
    - Experiment with risk behaviors
  - Concerned about peer norms regarding sexuality
Psychological Development and Reproductive Health

- **Late Adolescence (17 years and older)**
  - Sense of responsibility for their health with a more clearly defined body image and gender role
  - Have often reaccepted some of their parents’ values and place less emphasis on peer conformity
  - Increased capacity for abstract thought and begin to better understand the thoughts and feelings of others
  - More mature approach to sexuality
    - More emphasis on supportive, intimate relationships.

The Spirit of MI

- Collaboration
- Compassion
- Acceptance
- Evocation
Four MI Processes

- Engaging
  “Shall we travel together?”

- Focusing
  “Where to?”

- Evoking
  “Whether”
  “Why”

- Planning
  “How”
  “When”

Case-Abigail

- 16 yo – in clinic for birth control follow-up visit
- PMH of unintended pregnancy and spontaneous first trimester miscarriage 8 mos ago
- She has struggled with depression and somatic complaints since her loss.
- States today that she has “learned from my past” and has decided to stop Depot medroxyprogesterone because she is now focused on school and doesn’t plan on having sex anytime soon.
Video #1: Abigail

- Observations?

- How did the provider do in regard to the 4 processes of MI?

MI Principles- “DARES”

- Develop Discrepancy
- Avoid Argumentation
- Roll with Resistance
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- Support Self-efficacy
Expressing Empathy

- Skillful reflective listening is fundamental
- Acceptance facilitates change
- Ambivalence is normal

Roll with Resistance

- The patient is the primary resource in finding solutions to problems
- Avoid arguing for change
- Perceptions can be shifted
  - Statements from the patient can be reworded or reframed to create a new ‘momentum’ toward change
- Resistance is a signal for provider to change strategy
Develop Discrepancy

- Create and amplify the discrepancy between the patient’s present behavior (status quo) and personal goals (change)
- Being aware of consequences is important
- The patient should present the arguments for their own change

Support Self-Efficacy

- A patient’s belief in the possibility of change and success is an important motivator
- The patient is responsible for choosing and carrying out change
- MI seeks to increase patient awareness about their own skills, resources, and abilities in order to achieve their goals
Avoid Argumentation

- Arguing is not listening
- Arguing is counterproductive
- Defending breeds defensiveness
- Arguing may cause resistance

Case-Destiny

- 19yo young woman with a new diagnosis of chlamydia
- Has current female partner for past 1 month
- Previously, male partners
- No barrier methods in current or past relationships
- Uncertain if she can inform partner of dx
Video #2: Destiny

- Observations?

- How did the provider do?
MI Technique- “OARS”

- Open-ended questions
- Affirming
- Reflective listening
- Summarizing

Open-ended questions

- Avoid questions with ‘yes’, ‘no’ or ‘maybe’ answers
- Broad questions allow patients maximum freedom to respond without fear of a right or wrong answer
  - “If you had one habit that you wanted to change in order to improve your health, what would that be?”
Affirming

- Affirmations identify something positive about the patient and give credit, acknowledgement
- Communicate that change is possible and that they are capable of implementing that change
  - Can be rare and valuable for patients focused on failure
- Should always be genuine and never condescending

Reflective Listening
Reflective Listening

- Key to MI

- Reflections mirror back content, process or emotion to the patient
  - Giving words to something that the patient may not have been able to express
  - Listen to what has worked and what hasn’t
  - Focus in on change-talk

- Reflections are always statements, not questions

- Keeps momentum moving forward

Summarizing

- Specialized form of reflective listening

- Calling attention to the salient elements of the discussion, allowing the patient to correct any misunderstandings and add anything that was missed
Video #3: Destiny

- Observations?

- How did the provider do?

Case-Erica

- 14yo female presents to clinic with close friend and her mother “for Plan B”

- Story that Mom knows: was at a party last weekend and had unprotected sex

- Confidential story: attended the party with plan to run away from home. “Crashed with friends,” had at least 12 alcoholic drinks and multiple marijuana joints

- Describes being careful to “serve myself so that someone couldn’t slip me the date rape drug”
Summary

- This workshop is a good start...but it is just the beginning for implementing MI.
- Feedback and coaching are important in real-time.
- Keep practicing!
- What take away points did you learn today to implement in your practice?

References

References


- Rae, Cosette et al. (2009, February 20). *Motivational Interviewing for Addictive Behaviors*. Retrieved from http://www.slideshare.net/heavensfield/MotivationalInterviewing?qid=245ba79b51d4-4f04-b2ed-8c8c1d1c3a4c8c8c3fd5fcad&v=default&b=from_search=12.
